



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

## Issued by the Chief Inspector

Name of designated centre:	Riverstick Nursing Home
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Unannounced
Date of inspection:	28 September 2022
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0037987

## About the designated centre

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

Riverstick Nursing Home was built in the 2020 and is set in the rural village of Riverstick, 17km from Cork city centre and 10.5km from Kinsale. Riverstick Nursing Home offer an extensive range of short stay, long stay, rehabilitation, convalescence and focused care options. The centre is registered to accommodate 95 residents. Accommodation is configured to address the needs of all potential residents and includes single and twin accommodation with large en-suites. The home is divided into four units one of which, Carrigdhoun accommodates transitional care beds in partnership with the South South West Hospital Group. The other units, Muskerry, Seandun and Carbery accommodate long term and respite care beds. Set in landscaped gardens, there are outdoor areas ideal for anyone wishing to spend time in nature, suitable for outdoor pursuits and recreational activities as well as providing tranquil space. The centre provides 24 hour nursing care.

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

Number of residents on the date of inspection:	41
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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 28 September 2022	09:15hrs to 18:00hrs	Ella Ferriter	Lead
Wednesday 28 September 2022	09:15hrs to 18:00hrs	Caroline Connelly	Support

## What residents told us and what inspectors observed

There was a welcoming and homely atmosphere in Riverstick Nursing Home. Residents spoken with on the day of this inspection reported that they were happy living in the centre, and that they felt well-cared for by staff. The inspectors spoke with twelve residents in detail and spent time observing residents' daily lives and care practices, in order to gain insight into the experience of those living in the centre. All residents who spoke to the inspectors were highly complimentary about the kindness and commitment of the staff describing them as the "best staff" and telling inspectors that "nothing is too much for them". There was a calm atmosphere in the centre and the inspectors observed respectful interactions and a warm rapport between staff and residents, throughout the day.

Inspectors arrived to the centre unannounced in the morning. The inspectors carried out the infection control procedures at the entrance to the centre which included hand hygiene, temperature check and application of a mask. After an opening meeting with the person in charge the inspectors were guided on a tour of the premises.

Riverstick Nursing Home is a purpose built two story nursing home registered to provide care for 95 residents in village of Riverstick, County Cork. It was first registered in May 2022, four months prior to this inspection. The centre is divided into four units, all named after local areas, these being Carbery, Carrighoun on the first floor and Seandun and Muskerry on the ground floor. On the day of this inspection there were 41 residents living in the centre, 14 on the first floor and 27 living on the ground floor. Inspectors noted that all residents living on the ground floor had been admitted for long term care and residents living on the first floor had been admitted for transitional care and would be staying in the centre on average 2-6 weeks. These residents were under the care of the local acute hospital and received services such as consultant review and discharge planning, in line with this care.

Inspectors saw that the centre was decorated to a very high standard. At the centre of the home, on the first floor, was a coffee dock, which was seen to be in use throughout the day. The inspectors observed the walls had pictures of the Kinsale scenery, there was comfortable armchairs and glass doors opened onto a bright balcony overlooking the local country side. Residents were seen in this part of the centre enjoying a chat and cup of coffee throughout the day. Residents told the inspectors that they loved the comfort of their rooms and the decor of the centre overall. The dining rooms were also in full use and residents were seen to be enjoying their meals and were complementary about the choices they were offered.

Bedroom accommodation in the centre consists of 91 single bedrooms and two twin rooms, all with en suite facilities. The inspectors saw that bedrooms were decorated to a very high standard with ample storage, en-suite facilities, seating and flat screen televisions. Residents told the inspectors that they liked their living

environment found it very comfortable, and some had brought in personal memorabilia from home such as family pictures and ornaments. There was adequate amounts of communal space for residents to spend time outside of their bedroom. On the ground floor there was a large lounge which joined onto an activities room. This area was seen to be decorated with nice seating, tables and the doors opened onto a secure paved garden, overlooking the Riverstick countryside. Residents were seen to enjoy spending time in these spaces through the day.

The inspectors observed that visiting was facilitated in the centre throughout the day. The inspectors spoke with three family members who told the inspectors that there was no booking system in place and that they could call to the centre anytime. Visitors were very complimentary about the staff and the care that their family members received. The inspectors saw a staff member's dog spent the day in the centre and residents were seen to enjoy the interaction with him. A visitor was also observed visiting a family member with their dog, which was very positive and enjoyed by the resident. Inspectors were informed that the centre planned on getting some outdoor animals in the next few months.

The dining experience for residents on both floors was seen to be enjoyable and social occasion. There was a sufficient amount of staff to assist residents where required. Some residents told the inspectors that the food was good, however, they had brought some issues to management with regards to quality and selection of food available particularly bread products, these issues were in the process of being addressed. Residents were observed to have choices and the meals were attractively served.

Residents told inspectors that staff and management were responsive to their needs and they felt they could ask for anything. All residents spoken with said they were happy living in Riverstick Nursing home, however, a couple of residents told inspectors there is sometimes a delay in getting attendance in the evening, as staff were very busy.

The inspectors observed there were activities available for residents on the day of this inspection and throughout the week. Residents were provided with a schedule in their rooms which outlined what was available for the week. Some residents told inspectors that they loved that there were things to do during the day and that they especially loved the yoga and the music sessions. The local preschool was visiting the centre during the day and were being introduced to residents in the company of their teachers. Residents were seen to really enjoy this interaction with the children and the activities coordinator introduced residents to each child. On the afternoon of the inspection residents were seen to enjoy a very lively and interactive music session in the lounge provided by an external musician.

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

## Capacity and capability

This was an unannounced risk inspection carried out to monitor compliance with the Care and Welfare of Residents in Designated Centres for Older People, Regulations 2013 (as amended). Overall, this inspection found that Riverstick Nursing Home was a well managed centre where residents were in receipt of a high standard of care, by staff that were responsive to their needs. This was the first inspection of this centre since it commenced operating. A number of systems had been established to ensure that the service provided is safe, appropriate, effective and consistently monitored and these would require continued development and review.

Riverstick Nursing Home was first registered in May 2022 by the Chief Inspector, to operate as a designated centre for older persons. The centre is owned and operated by Sunacrest Limited, who is the registered provider. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. One of these directors is the named provider representative and there was evidence that they were actively engaged daily operations of the centre. There was also additional support of a Director of Clinical Governance and Quality to support the centre and the person in charge reported to them.

Within the centre, the organisational structure and the lines of authority and accountability were clearly outlined. The management team consists of a suitably qualified person in charge, three assistant directors of nursing and a clinical nurse manager. They were supported in their role by a team of nurses, healthcare assistants, domestic, activities, catering and maintenance staff. The centre also had the additional support of a Social worker- resident advocate, who worked in the centre full-time. Lines of authority and accountability, and roles and responsibilities were clear and understood by all staff.

The inspectors found that the information and records required by Schedule 2, 3 and 4 of the regulations were available for review. Staff personal files reviewed were maintained in line with the requirements of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021, were in place for all staff prior to commencement of employment.

Staffing numbers and skill mix on the day of inspection was appropriate, to meet the individual and collective need of the residents, and with due regard for the layout of the centre. However, on review of rosters for night and from feedback from residents it was evident that staffing at this time required review, this is further detailed under regulation 15. Training was being well monitored by management and training was provided in safeguarding vulnerable adults, manual handling and fire safety. However, training in the management of responsive behaviours had not been provided and staff need to have up to date knowledge and skills to respond to responsive behaviours. Arrangements were in place for the ongoing supervision of staff through senior management presence and through formal induction and performance review processes.

There were systems implemented to monitor the service. A schedule of audits was being carried out in areas such as infection control, call bells and care planning. Clinical indicators were being monitored in areas such as wounds, infection, restraint and dependency levels. The registered provider had written policies and procedures as required under Schedule 5 of the regulations. However, some policies were not centre specific, to provide effective guidance to staff as further detailed under regulation 4.

An electronic record of incidents occurring in the centre was well maintained. All but one incident had been reported to the Chief Inspector, as required under the regulations, within the required time period. There was a complaints management system in place, with evidence of complaints recorded, investigation into the complaint, actions taken and the satisfaction of the complainant with the outcome, as per regulatory requirements.

#### Regulation 14: Persons in charge

The person in charge was full time in post. They had the necessary experience and management qualification, as required in the regulations. They demonstrated good knowledge regarding their role and responsibility and were articulate regarding governance and management of the service.

Judgment: Compliant

#### Regulation 15: Staffing

This inspection found that the staffing complement of care staff at night required review as it was found to be inadequate on some days resulting in delays in care delivery. This was supported by discussions with residents and findings of the centres internal audit on delays in call bells being answered at this time.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

A review of training records indicated that some staff did not have access to appropriate training as outlined:

- training in responsive behaviours was due for all staff working in the centre.
- some nurses were due training in cardiopulmonary resuscitation.

Additionally, the inspectors were informed that some agency staff did not operate hoists, resulted in some residents care being delayed. This required to be addressed by management to ensure that all allocated staff were trained and competent in the transfer of residents using electronic hoists.

Judgment: Substantially compliant

### Regulation 19: Directory of residents

The registered provider maintained a directory of residents in the centre. The directory contained the information as specified in paragraph (3) of Schedule 3 of the regulations.

Judgment: Compliant

### Regulation 21: Records

Residents' records were reviewed by the inspectors who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspectors. The inspectors reviewed four staff files. These contained information required, as per Schedule 2 of the regulations. Records were generally well maintained and stored securely.

Judgment: Compliant

### Regulation 23: Governance and management

The registered provider had an established governance and management structure, where lines of authority and accountability were clearly defined. Monitoring and oversight systems had been put in place to ensure the service provided was safe, appropriate, consistent and effectively monitored. Quality improvement plans evidenced an ongoing commitment to enhance the quality and safety of the service provided to residents.

Judgment: Compliant

#### Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services to be provided and the fees to be charged, including fees for additional services.

Judgment: Compliant

#### Regulation 31: Notification of incidents

Based on a review of incidents the inspectors were satisfied that all notifications with the exception of one were submitted, as required by the regulations to the Chief Inspector. This one notification was in relation to serious injury to a resident which required medical and/or hospital treatment. This was submitted on the day following this inspection.

Judgment: Substantially compliant

#### Regulation 34: Complaints procedure

The centre had a complaints policy and procedure that met the requirements of the regulation. The inspectors reviewed the complaints records which evidenced that complaints were recorded, investigated and there was evidence of follow up communication with the complainant as required. There was evidence that the outcome of a complaint was documented and this included the complainants level of satisfaction with the result. There was an independent appeals process in place.

Judgment: Compliant

#### Regulation 4: Written policies and procedures

Although policies were available to staff, as per Schedule 5 of the regulations, some of these policies were not centre specific and therefore could not provide guidance to staff on the quality and safety of care to be provided to residents.

Judgment: Substantially compliant

## Quality and safety

Overall, the nursing care and support provided to residents was seen to be of a good standard, providing a holistic and person-centred service for residents. Residents told the inspectors that staff were kind and caring and ensured a warm and friendly atmosphere in the centre. There was evidence of consultation with residents and their needs were being met through generally good access to healthcare services. However, the inspectors identified that some action was required in relation to fire precautions.

The premises was designed and laid out to meet the individual and collective needs of the residents. There was a variety of communal and private areas observed in use by residents on the day of inspection. All communal areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. Staff were seen to use personal protective equipment, such as face masks appropriately.

Residents received a high level of nursing and medical care in the centre. There was good systems for referral to, and review by, a range of social and health care practitioners. Resident's records were viewed by the inspectors, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plan in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew residents well. The centre employed a social worker who assisted residents and families with many social aspects of their care and with discharge planning. The social worker also provided an advocacy service for the residents. Residents living in the centre also had access to community based palliative care teams and the local community mental health services.

Systems were in place to monitor fire safety procedures in the centre. There was a weekly sounding of the fire alarm and daily checks of escape routes. Preventative maintenance of fire safety equipment including fire extinguishers and the fire alarm was conducted at regular recommended intervals, however, simulated fire evacuations of compartments within the centre required improvement, which is further detailed under regulation 28.

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required.

Residents reported feeling safe in the centre and staff were aware of what to do if there was an allegation of abuse. Safeguarding training was provided to all staff and

was seen to be up-to-date.

### Regulation 11: Visits

There were no restrictions on visitors. There were adequate facilities for residents to receive visitors in private away from their bedroom, should they wish to do so. Visitors were seen to enjoy visiting their relatives in the coffee doc and on the balcony overlooking the garden.

Judgment: Compliant

### Regulation 13: End of life

There was a resident approaching end of life and the inspectors were assured that end of life care was provided to coincide with the wishes of the resident and the plan of care in place. Residents religious needs were met and family were facilitated to be with residents at the end of life. Privacy was facilitated in the residents single en-suite room. Palliative care advice was available from the community palliative team as required.

Judgment: Compliant

### Regulation 17: Premises

The premises was appropriate to the number and needs of the residents in the centre and in accordance with the statement of purpose prepared under Regulation 3. The premises conformed to the matters set out in Schedule 6 of the regulations.

Judgment: Compliant

### Regulation 18: Food and nutrition

Mealtimes were seen to be social occasions. Food was attractively presented and was available in sufficient quantities and at reasonable times. Tables in the dining room were attractively set and residents were seen to be offered assistance in a discrete and helpful manner. Menus on the table would enhance the dining experience allowing residents to see the choices they spoke of. There were adequate arrangements in place to monitor residents at risk of malnutrition or

dehydration. This included weekly weights, maintaining a food intake monitoring chart and timely referral to dietetic and speech and language services, to ensure best outcomes for residents.

Judgment: Compliant

### Regulation 26: Risk management

The risk management policy was not centre specific and spoke to other centres in the Silverstream group rather than Riverstick. Additionally, the risk register maintained was generic and risks were not always reassessed as per the centres policy.

Judgment: Substantially compliant

### Regulation 27: Infection control

The centre was found to be very clean throughout. There were dedicated cleaning staff on each floor of the centre. Hand sanitisers and personal protective equipment was readily available and used appropriately by staff. Deep cleaning schedules were available. Residents with suspected COVID-19 were maintained in isolation and tested appropriately. All staff had attended training in infection control practices.

Judgment: Compliant

### Regulation 28: Fire precautions

The inspectors were not assured that residents could be safely evacuated at the higher risk time when staffing levels are lowest. The drill records available which simulated the evacuation of the largest bedroom compartment did not reflect lowest staffing levels. Further assurances were required from the provider post inspection in relation to this.

Judgment: Substantially compliant

### Regulation 29: Medicines and pharmaceutical services

There were adequate systems in place for the safe administration and storage of

medicines. Controlled drug records and drug administration records were maintained, in line with professional guidelines. The inspectors undertook a count of the controlled medications and the count equated with the records. These were checked at the beginning of each shift by two registered nurses.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

From a review of a sample of care plans, it was evident that residents had a completed comprehensive assessment and care plans were documented within 48 hours of admission, as per regulatory requirements. Care plans were reviewed as required and were supported by clinical risk assessments using validated tools. Care plans were found to contain the detail required to guide care, in a person-centred manner. Some residents had life stories completed or a key to me, to assist staff to ensure residents likes dislikes, hobbies and interests were known and understood by staff.

Judgment: Compliant

### Regulation 6: Health care

There was a contracted GP service provided to the centre and residents had easy access to this service. The centre provided a range of allied health services to residents as they required which included physiotherapy, a speech and language therapist, dietitian, occupational therapist and chiropodist. The psychiatrist and team were also available as required, following a referral. The provider currently contracts 15 hours of physiotherapy per week, however, inspectors were informed that as the centre increases in numbers of residents, further hours would be resourced. Residents and relatives told inspectors that would like to see more physiotherapy for long stay residents.

The inspector met the geriatrician and members of the multidisciplinary team, who met in the centre weekly to review all the residents in the transitional care unit.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspectors found that residents who presented with responsive behaviours were

responded to in a dignified and person-centred way by staff. However, as identified and actioned under training, staff did not have training in the management of responsive behaviours. The inspectors saw that alternatives to bed rails such as low-low beds and crash mats were in use in the centre. Restraint was being monitored by management.

Judgment: Compliant

### Regulation 8: Protection

The inspectors found that staff had training to ensure they had up-to-date knowledge and skills in relation to staff protection and safeguarding vulnerable adults. Incidents and or allegations of abuse were investigated in line with the centre's policy by the person in charge.

The inspectors reviewed residents finances and records of monies and valuables handed in for safe keeping. Robust management systems and practices were seen to be implemented.

Judgment: Compliant

### Regulation 9: Residents' rights

The provider ensured that there were appropriate facilities for occupation and recreation available to residents, and that residents had opportunities to participate in meaningful group and individual activities. These were facilitated by appropriately experienced staff. The design and layout of the premises promoted residents' privacy and dignity, and staff were observed to support residents to exercise choice in how they led their daily lives. Residents had unrestricted access to television, radio, newspapers and telephones.

The centre employed a social worker who also acted as a resident advocate as required. The social worker facilitated residents meetings and communicated the issues for action to the person in charge. This ensured issues identified by the residents were addressed in a timely manner.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Riverstick Nursing Home OSV-0008228

Inspection ID: MON-0037987

Date of inspection: 28/09/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            To ensure compliance the Registered Provider and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• A full review has been completed re the staffing requirements for each unit within the centre. Staff recruitment is ongoing and reviewed on a weekly basis with the HR support within in the center and the Group HR Manager.</li> </ul> <p>Night duty roster has been reviewed and supplemented with twilight shift.</p>	
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:            To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The PIC has booked training dates for the training required and as identified. The training matrix is reviewed monthly to ensure training is booked as required.</li> <li>• Agency Staff are orientated to the equipment used within the home to ensure knowledge of same.</li> </ul>	
Regulation 31: Notification of incidents	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• The Person in charge will review twice weekly all incidents and notifications will be submitted within 3 working days. A further review weekly will take place with the Group DCGQR (Director of Clinical Governance Quality &amp; Risk).</li> </ul>	
Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>To ensure compliance the Registered Provider will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> <li>• All policies are currently under review and will be centre specific to ensure the provide guidance to staff on the quality and safety of care to be provided to residents.</li> </ul>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management:</p> <p>To ensure compliance the Registered Provider will have the following in place and implemented and actioned as required :</p> <ul style="list-style-type: none"> <li>• The risk management policy has been reviewed and is center specific and the risk register reflects the identified risks in the centre. This will be reviewed 3 monthly.</li> </ul>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>To ensure compliance the Registered Provider and PIC will have the following in place and implemented and actioned as required :</p> <ul style="list-style-type: none"> <li>• Fire drills scenarios are now taking place of the largest compartments to incorporate</li> </ul>	

both day and nighttime. These will take place monthly from now onwards.

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2023
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	17/11/2022
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout the designated centre.	Substantially Compliant	Yellow	17/11/2022

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	03/11/2022
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of 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.	Substantially Compliant	Yellow	21/10/2022
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	31/01/2023