



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Oaklands Nursing Home
Name of provider:	Bolden (Nursing) Limited
Address of centre:	Derry, Listowel, Kerry
Type of inspection:	Unannounced
Date of inspection:	10 December 2018
Centre ID:	OSV-0000260
Fieldwork ID:	MON-0025757

About the designated centre

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

Oakland's Nursing Home is a single-storey building that was purpose-built and opened in 1991. The premises had been substantially renovated and extended since it was first built and now provides accommodation for up to 51 residents in a mixture of 27 single and 12 twin en-suite bedrooms. Communal accommodation consists of two spacious lounges and a large dining room. There are two enclosed gardens for residents use which can be easily accessed from the centre. The centre is located in a rural location approximately four miles outside of the town of Listowel. It is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by a General Practitioner (GP) service. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff, activity staff and household staff.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	31
--	----

How we inspect

To prepare for this inspection the inspector or 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
10 December 2018	11:00hrs to 17:00hrs	Caroline Connelly	Lead
11 December 2018	09:00hrs to 15:45hrs	Caroline Connelly	Lead

Views of people who use the service

The Inspector spoke with the majority of the residents throughout the inspection and also met a number of relatives. The overall feedback from residents and relatives was very positive. They continued to be very complimentary about all the changes and improvements in the centre that had taken place over the previous six months. They spoke of the new person in charge and management team and said the new providers and management team were very approachable and helpful. Residents said they felt safe and well cared for and were very happy that the improvements reported at the previous inspection had continued.

Residents reported satisfaction with the food and said great improvements had continued to take place and greater choices were offered at meal times. One resident said that the menu available for the Christmas party was wonderful and was so looking forward to it. They were complimentary about the home baking which they looked forward to and enjoyed daily. Many expressed satisfaction at having the choice to go to the dining room for their breakfast.

Residents who the inspectors spoke with were very happy with the improved activities and the new activity co-ordinator. Many said they enjoyed baking but particularly enjoyed the music sessions held on every second Sunday afternoon where all the old tunes are played. Others enjoyed exercises and bingo. Residents and relatives were very complimentary about staff, saying staff were very caring, kind and helpful and that there were enough staff around to meet their needs. Residents said they were consulted with on a daily basis and regular residents' meetings were facilitated.

Capacity and capability

There had been continued improvements in the overall governance and management of the centre since the previous inspection and a number of systems had been put in place to ensure that the service provided is safe, appropriate, effective and consistently monitored. A new person in charge and Clinical Nurse Manager (CNM) have been appointed and there is now a more clearly defined management structure in place.

The centre had a history of increasing levels of non-compliance identified on the previous two inspections undertaken in the centre in May 2018 and April 2017. Following the April 2017 inspection the provider and person in charge attended a meeting in the HIQA offices as a first step in an escalation process. Following the May 2018 inspection there were numerous meetings and

ongoing interaction between HIQA and the provider. Due to the serious nature of the issues outlined in the inspection the chief inspector issued the provider with a notice of proposal to cancel the registration of the centre. The provider submitted comprehensive representation to HIQA and an inspection was undertaken in September 2018 to inspect against the representation and to follow up on the non-compliance identified on the previous inspection. During that inspection compliance levels and quality of life issues for residents had substantially improved however at that time there was not a suitable person in charge in post.

A number of changes have taken place to the governance and management structure since the inspection in May 2018.

- Changes had taken place in the directorship of the company and in the person representing the provider. One of the directors who was not involved in the management of the centre at that inspection has now taken over the total running of the company with the other two directors having resigned from the company.
- The new Registered Provider Representative (RPR) has positively engaged with the office of the chief inspector and sent regular updates on progress to date.
- There have been numerous changes to the management team since the previous inspection a new person in charge has been recruited and commenced in her role in October 2018 she is supported in her role by a Clinical Nurse Manager (CNM)
- The RPR has employed a full time administrator and retained the services of a number of companies and consultancies to assist him to implement the numerous changes required.
- A new human resources manager has been recruited and is due to commence in December 2018

Improvements in compliance were seen over the course of the last two inspections undertaken in September 2018 and December 2018 which included:

- The premises internally and externally had been redecorated and updated and ongoing maintenance and upgrades were taking place.
- The issues outlined on that inspection in relation to the management of resident's finances had been addressed and a comprehensive financial audit was conducted on the request of the chief inspector. Evidence was supplied to HIQA that any outstanding monies owed to residents was refunded to them.
- Systems have been introduced for the overall management of monies and valuables handed in for safekeeping by residents and the services of advocacy and the safeguarding team were in use.
- Staffing levels in all key areas including activities, cleaning, maintenance and catering had been substantially increased. There were now two cleaners on each day and the centre was seen to be much cleaner. There were two nurses plus the CNM and the person in charge on duty Monday to Friday and two nurses at the weekend supported by a full team of care staff.
- The inspector saw there had been increased supervision of staff and greater

clarity of allocation of care to nursing and care staff to ensure the needs of the residents were met.

- Recruitment for new staff was ongoing and the inspector identified that improvements had taken place to ensure robust recruitment was employed. Improvements were seen in the maintenance of staff files, a comprehensive induction programmes for new staff including probationary meetings was now in place and appraisals were now ongoing for all staff.
- Great improvements were seen in the quality and quantity of activities provided
- Improvements were seen in the provision of training since the previous inspection with a numerous training sessions having taken and the vast majority of staff having undertaken all required mandatory training
- Improvements were seen in the recording and management of complaints since the previous inspection.
- There was a comprehensive record of all accidents and incidents that took place in the centre and appropriate action taken in the review of the resident following a fall. Incidents had generally been notified to HIQA as required by the regulations.
- External advocacy services were readily available to residents
- Improvements in all aspects of food and nutrition and in choice of food and choice of attending the dining room for all meals
- A new risk monitoring and management system introduced

Overall the inspector was satisfied that there is a comprehensive management structure in place and regular governance meetings are being held with key personnel. There is now in place a system of defined roles and responsibilities to ensure effective governance and management of the centre. Audits have been recommenced and the collection of key quality care data is taking place and informing practice. Residents and relatives are consulted via resident committee meetings and via residents surveys. The providers also regularly meet with residents and relatives as does the person in charge on a daily basis. The person in charge has introduced a system of daily checks to be undertaken by nursing staff on all residents and their bedrooms daily to ensure high quality care is provided to all. The management team had completed a draft of a comprehensive annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by HIQA under section 8 of the Act for 2018. This review will be made available to residents and relatives once completed.

Regulation 14: Persons in charge

The person in charge is new to her role in this centre since the previous inspection. She is a registered nurse with the required managerial and nursing experience in keeping with statutory requirements. She was actively engaged in the governance, operational management and administration of the service. An

interview was conducted with the person in charge during the inspection and she was knowledgeable regarding the regulations, HIQA Standards and her statutory responsibilities. She demonstrated a strong commitment to the development of initiatives and quality management systems to ensure the provision of a safe and effective service.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels were in keeping with the assessed needs of residents having regard to the size and layout of the service. Recent recruitment campaigns have seen a number of new staff employed in the centre, including the person in charge and CNM since the previous inspection. Residents and relatives were generally complimentary about staff and the care they provided to the residents.

Judgment: Compliant

Regulation 16: Training and staff development

There had been continued improvements in staff training seen since the previous inspection. A comprehensive training matrix was in place and made available to the inspector. Staff had received up-to-date training in manual and people handling, in safeguarding of vulnerable adults, fire safety training and training in responsive behaviour. There were three staff outstanding responsive behaviour and this training is to be provided in 2019. Other training such as infection control, nutrition and dysphagia, medication management, HACCP residents rights training were also provided.

Increased levels of supervision were in place with registered nurses on duty at all times with increased supervision responsibilities. There was evidence of a comprehensive induction of new staff with probationary meetings taking place. The management team provided regular supervision and support to the staff, staff appraisals have been completed to ensure full staff development and supervision.

Judgment: Substantially compliant

Regulation 21: Records

Significant improvements had continued in record keeping since the previous

inspection. Overall records were not kept in such a manner as to be accessible and available for inspection as required by the regulations.

The inspector reviewed a selection of staff files to assess compliance with Schedule 2 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The staff files viewed generally contained information required under Schedule 2 of the regulations. One of the files did not contain a second reference for a recently recruited care staff but this reference was in place immediately following the inspection. The RPR has employed a human resources manager who was due to commence employment the week after the inspection who will have responsibility for all aspects of staff recruitment, retention and records.

Judgment: Substantially compliant

Regulation 23: Governance and management

There have been a number of changes to management roles since the previous inspection and there is now a clearly defined management structure in place which was further enhanced by the introduction of senior care staff since the previous inspection. This has assisted with staff supervision and induction of new staff. A comprehensive annual review of the quality and safety of care delivered to residents in the centre for 2018 was commenced, with an action plan for the year ahead. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Further improvements were seen in the contracts of care and the provider had rolling out a new more detailed contract of care to all residents which clearly outlined the services provided, the costs for the services. During the inspection he upgraded the contract with up-to-date costs for additional services required and provided. The contracts also stated the room to be occupied and were seen to be compliant with legislative requirements.

Judgment: Compliant

Regulation 3: Statement of purpose

The Statement of purpose contained all the requirements of Schedule 1 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The aims, objectives and ethos of care were clearly outlined. Facilities and services available to residents, and the size and layout of the premises were accurately described.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents were generally notified to the office of the chief inspector in accordance with the requirements of legislation. However incidents of allegations of misconduct of staff had not been notified within three days as required by the regulations. This was subsequently notified following the inspection.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A policy on complaints outlined the system to record and investigate and also accountable people involved in the process.

Improvements had continued in complaints management since the previous inspection. There was evidence that complaints were recorded, investigated and appropriate actions taken. The complainant's satisfaction with the outcome of the complaint was recorded. The person in charge had oversight over all complaints.

Judgment: Compliant

Quality and safety

Improvements had continued in the overall quality and safety of care for residents

since the previous inspection. Residents' needs were being met through very good access to healthcare services, opportunities for social engagement and premises that met their needs. The quality of residents' lives was enhanced by the provision of a choice of interesting things for them to do during the day. The inspectors found that an ethos of respect for residents was evident. The inspector saw that residents appeared to be very well cared and residents and relatives gave very positive feedback regarding all the recent changes that had taken place in the centre and the current care and activities provided.

As outlined on the previous inspection residents' health care needs were supported by timely access to medical treatment. A number of general practitioners (GP) attended the centre on a regular basis. There was evidence that residents had access to allied health care services. Chiropody and physiotherapy were available as required and access to dieticians, speech and language and tissue viability were available through a nutritional company. These therapies supported the diverse care needs of residents. There were very good links with psychiatric services and specialist nurses visited residents who required review on a regular basis. Wound care was assessed using scientific assessments and there was evidence that advice was sought and actioned from the tissue viability nurse. A new system of computerised assessments and care planning was being introduced with touch screen monitors for care staff to record the care they gave to residents. The inspector saw that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. Care plans were developed based on resident's assessed needs and regularly reviewed and updated. Overall, care plans were found to be comprehensive and person centred and improvements were seen in safeguarding and responsive behaviour care plans as required on the previous inspection. Although the use of bedrails had reduced since the previous inspection, this continued to require further review as there remained a high percentage of bedrail use and further alternatives to bedrail usage were required.

There was evidence that the rights and diversity of residents were respected and promoted. Residents' choice, privacy and dignity and independence were safeguarded. Inspectors saw that recent changes to the morning routine offered resident's choice of coming to the dining room for breakfast or having breakfast in bed. Residents were consulted with daily and formally through more frequent residents meetings. Increase in activities particularly the introduction of live music at the weekends was as a result of the resident's committee request.

The inspector saw a variety of activities taking place during the inspection from small group activities, to an exercise session in the main lounge. Links were being developed with the local community and schools who were providing choirs to perform for the residents over the Christmas period. An extensive programme of activities was on display. The physical environment had continued to improve with an ongoing programme of maintenance in place. The introduction of a staff room was welcomed by all.

As identified on the previous inspection the provider had put systems in place to manage risks and ensure that the health and safety of all people using the service

was promoted. The health and safety statement had been updated and appropriate fire safety practices were followed. A contract was in place for the servicing of all fire safety equipment and for the provision of annual fire training. Fire drills were taking place on a regular basis with further drills scheduled.

Improvements had continued in the management of residents finances. Following the inspection in May 2018 the centre had ceased acting as a pension agent for the seven residents identified. A safe had been acquired and systems have been put in place for the management of valuables and monies handed in for safekeeping. Inspectors saw that all lodgements and withdrawals are accompanied by two staff signatures and the resident's signature where possible. Receipts are kept for items purchased on behalf of residents. As there were a large number of items handed in for safekeeping further controls and rolling balances were required including regular auditing of items and monies handed in safekeeping.

Regulation 29: Medicines and pharmaceutical services

There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. A sample of prescription and administration records viewed by the inspector which contained appropriate identifying information. All medications that required administrating in an altered format such as crushing were individually prescribed as same. The person in charge told the inspector that they were currently looking at the changing pharmaceutical services, to ensure the pharmacist was meeting their obligations to the resident under the relevant guidance issued by the Pharmaceutical society of Ireland.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The centre were currently introducing a computerised system of assessment and care planning and the majority of residents information was in the process of being transferred to the computerised system. The system included a touch screen system used by the care staff to record care given to the residents. Care plans viewed by the inspector were comprehensive, personalised, regularly reviewed and updated following assessments completed using validated tools. End of life care plans were in place which detailed residents wishes at end stage of life. Improvements were seen in care plans for residents with responsive behaviours and

in safeguarding plans since the previous inspection.

Judgment: Compliant

Regulation 6: Health care

Inspectors were satisfied that the health care needs of residents were well met. There was evidence of good access to medical staff with regular medical reviews in residents files. Access to allied health was evidenced by regular reviews by the dietician, speech and language, chiropody and tissue viability as required. The person in charge had completed a post registration qualification in wound care and had introduced new systems of assessment and treatment to the centre.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were seen in the management and understanding of responsive behaviours since the previous inspection. There were relevant policies provided guidance to staff on the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Members of staff spoken with were able to demonstrate the knowledge and skills necessary to understand and respond appropriately to such behaviours. This was reflected in responsive behaviour care plans which showed that residents who presented with responsive behaviours were responded to in a very dignified and person-centred way by the staff using effective de-escalation methods. Inspectors observed that residents who experienced responsive behaviours were assessed, had behavior support care plans developed and where possible the behaviors were prevented by proactive interventions by staff. Multi-disciplinary team discussions and meetings were held in relation to same.

There had been a reduction in the use of bedrails since the previous inspection and there was evidence that other alternatives to restraint had been tried or considered to ensure that bedrails were the least restrictive form of restraint. Where restraints such as bed-rails were in use, appropriate risk assessments had been undertaken, and documentation on care plans included relevant consent forms. However there continued to be a high percentage of residents using bedrails and the person in charge assured the inspector they were continually assessing residents use but many residents had used bedrails for prolonged periods and were fearful to be without them.

Judgment: Substantially compliant

Regulation 8: Protection

Residents reported to 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 staff demonstrated awareness of what to do to protect the residents. Safeguarding plans were put in place for residents at risk of peer on peer abuse and measures were put in place to ensure residents were protected.

Improvements were seen in the management of residents' finances and a record was maintained of all valuables and monies handed in for safe keeping. Monies handed in were stored in envelopes which were sealed and contained two staff signatures. However some residents had a number of envelopes and no rolling balance was maintained for each resident. The inspector recommended that a more robust system was introduced that clearly identified per resident what monies and valuables were maintained in the locked safe. This should also be the subject of regular audit for the protection of residents and staff.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence of residents' rights and choices being upheld and respected. Residents were consulted with on a daily basis by the provider representative and staff. Formal residents' meetings were facilitated and there was evidence that relevant issues were discussed and actioned. A comprehensive programme of appropriate activities had continued and there was a new person appointed to the role of activity coordinator. The providers wife was fully involved in the organisation and oversight of activities and in building up links and connections with the local community. The inspector saw a variety of activities taking place during the inspection from exercise sessions, to baking to arts and crafts and music. There was a very comprehensive programme of social events advertised on the notice board for the Christmas season including various choirs visiting, music sessions and the residents and relatives Christmas party. Residents and relatives were very complimentary about all events planned and were very much looking forward to them.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
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 24: Contract for the provision of services	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
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	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Oaklands Nursing Home OSV-0000260

Inspection ID: MON-0025757

Date of inspection: 10/12/2018

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>Training and staff development: The 3 staff members concerned did not attend training for Responsive Behavior Training for varying reasons such as annual leave additional training dates have been booked and will be completed in the first quarter of 2019.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We have employed a human resources manager on 17/12/18 who has responsibility for all aspects of employee records. We have set out a schedule for a review of our records and updating these records this will include the storing of these records electronically.</p>	
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>Notification of incidents:</p>	

The PIC is familiar with Statutory Notification schedule as per Guidance for Register Providers and Person in Charge of Designated Centers Statutory Notification. Delayed Notification NF07 was sent on 11/12/18. This delay was in part caused by advice in dealing with staff disciplinary action from subsequent investigations.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

Managing behavior that is challenging:

In Oaklands Nursing Home bedrails are used with the right bed in the right way for the right person. The Restraint policy sets out the measures to control risk to resident's safety. Bedrails are only used when a risk assessment determines it is the most appropriate solution to prevent falls. A monthly bedrail maintenance audit is completed as per annual schedule. Restraint assessment for residents on use of bedrails is completed as a part of 4/12 residents care plan review.

Regulation 8: Protection

Substantially Compliant

Outline how you are going to come into compliance with Regulation 8: Protection:

The resident that was holding a large sum in excess of €4000 agreed to deposit this at the bank. And this has been completed. We have introduced a new system of recording any item into our care. This involves the use of cash type bag which has a zip closure and is sealed with a unique numbered seal and this seal and the movement of the bags contents is recorded with a new seal number each time the bag is accessed. Double signatures are also employed to verify the process. We have also made efforts to repatriate as much as possible contained in the safe to the resident or family.

As a centre our aim is to provide new contracts of care annually or each time there is a change to a residents costs i.e HSE notification of a fair deal review or a change in our charges. revised contracts are being sent out to all residents detailing all charges following annual reviews of all costs.



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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/03/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant		31/12/2018
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	28/02/2019
Regulation 21(5)	Records kept in accordance with this section and set out in paragraphs (7) and (8) of Schedule 4, shall be retained for a period of not less	Substantially Compliant		28/02/2019

	than 7 years from the date of their making.			
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	31/12/2018
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.	Not Compliant		31/03/2019
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/02/2019
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	31/01/2019