



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

Issued by the Chief Inspector

Name of designated centre:	Fairfield Nursing Home
Name of provider:	Fairfield Nursing Home Limited
Address of centre:	Quarry Road, Drimoleague, Cork
Type of inspection:	Unannounced
Date of inspection:	25 July 2024
Centre ID:	OSV-0000227
Fieldwork ID:	MON-0044179

About the designated centre

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

Fairfield Nursing Home is a purpose built, single storey facility situated approximately one kilometre from Drimoleague. Resident accommodation comprises 39 single bedrooms and five twin bedrooms. For operational purposes the centre is divided into three sections, namely Dromusta House, which accommodates 17 residents, Rockmount House, which accommodates 16 residents and Deelish House, which also accommodates 16 residents. The centre is situated on well maintained, landscaped grounds that contain a water feature to the front of the building and adequate parking for visitors. Residents also have access to an internal, well maintained patio area, which is enclosed and can be accessed safely by both visitors and residents.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	49
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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
Thursday 25 July 2024	09:30hrs to 17:10hrs	Siobhan Bourke	Lead
Thursday 25 July 2024	09:30hrs to 17:10hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Inspectors found that Fairfield Nursing Home was a well-run centre where residents were supported to enjoy a good quality of life by a team of staff who were kind and caring. There was a large number of residents who were living with a diagnosis of dementia or cognitive impairment who were unable to express their opinions on the quality of life in the centre, however they appeared to be content and comfortable. The inspectors spoke with ten residents and six visitors during the inspection. Overall, residents and visitors gave positive feedback on the quality of care they received and the kindness of staff working in the centre. However, a number of residents and relatives outlined that they sometimes experienced difficulties when communicating with some staff in the centre, as outlined further in the report.

The inspectors arrived unannounced to the centre and were greeted by the administrator, who advised inspectors of the centre's signing in procedures. On arrival, inspectors saw a number of residents were enjoying a leisurely breakfast in the Rockmount dayroom, while others were reading the newspapers and ready for the day's activities. Other residents were being assisted by staff with their personal care. The atmosphere throughout the home was calm, homely and welcoming.

Fairfield Nursing Home is a single storey building, located near Drimoleague in West Cork and is registered to accommodate 49 residents. The centre is divided into three areas, Dromusta House, Rockmount House and Deelish House. The centre provides care for residents with varying degrees of cognitive impairment, with each house providing different levels of care, depending on residents' needs. There were 39 single rooms and five twin rooms in the centre. All twin rooms and 28 single rooms had en suite toilet, shower and hand wash sink. Eleven single rooms had en suite toilet and hand wash sink facilities.

Inspectors met with residents in their bedrooms and in the communal spaces in each house. Many of the residents' bedrooms were personalised with photographs, memorabilia, and residents' personal belongings. Inspectors saw that many of the bedrooms had shelving to display photographs and pictures which gave bedrooms a homely feel. Pressure relieving specialist mattresses, falls injury prevention mats and other supportive equipment were seen in residents' bedrooms. Bedrooms and equipment observed by inspectors were visibly clean and residents and relatives confirmed that bedrooms were cleaned every day. The inspectors saw that paintwork on some bedroom walls was chipped and marked and required attention.

There were a number of communal rooms throughout the centre and three of these had kitchenettes fitted with sinks, kettles, microwaves and dishwashers in line with the home-like model of care. These spaces were nicely furnished and were warm homely spaces. The surfaces of two tables in one of the dining rooms were worn and flooring in one of the day rooms was also worn and required repair or replacement. This will be discussed further in the report. The centre had a well-equipped hair salon, that was under refurbishment on the day of inspection. A foot

spa had also been recently purchased for residents' use.

Residents could freely access the enclosed garden areas in the centre. The inspectors saw that these were well maintained and furnished with tables and chairs, should residents choose to sit outside. One of the raised beds was growing lettuce, spring onions and beetroot and four of the residents, who enjoyed gardening, participated in the setting and maintaining of these beds. The front of the centre had a well-maintained large water feature and gardens with seating for residents and their visitors. During the day, many visitors and residents enjoyed this area and one family were provided with refreshments and sandwiches to celebrate a family gathering.

Inspectors observed the lunch time meals in the centre and saw that residents had a choice of main course and desserts. Residents were very complimentary regarding the quality of home-made food available in the centre. Food that was required to be texture modified was particularly well presented and appetising. Residents who required assistance were provided with it, in an unhurried and respectful manner. The inspectors saw that residents were offered snacks such as chopped fruit and drinks throughout the day. In the afternoon, ice cream cones were offered to residents and visitors alike, which was welcomed on the sunny day. Picture menus to assist residents with a cognitive impairment, were not available in the centre, but the person in charge assured inspectors that they were under development.

The inspectors saw that staff interacted with residents in a respectful and caring way. Staff who spoke with inspectors were aware of residents' preferences and dislikes. Residents who could not communicate appeared comfortable and content. Staff were observed to knock before entering a resident's room. The inspectors saw that while the most residents had call bells within easy reach, one resident did not. The person in charge agreed to review this on the day of inspection. Residents were supported by staff with their appearance and were well dressed, in accordance with their preferred style. A number of residents and relatives told inspectors, that while staff were always kind and caring, they sometimes found it difficult to communicate with some staff, where English was not their first language.

There was a schedule of activities available throughout the week to ensure residents had access to facilities for occupation and recreation. During the morning, inspectors saw residents participate in one-to-one activities with staff; such as going for walks outside, chats, hand massage, reading the newspapers and listening to music. After lunch, a number of residents sat outside with care staff and played a lively ball game, which they appeared to enjoy. In the afternoon, residents from all three houses came together in Rockmount house to enjoy a live music session with an external musician. A number of residents, were helped with staff to take the microphone and sing songs with the musician. A number of residents also loved the bingo that was led by one of the staff every Monday; a resident told the inspector it was often a "great laugh." The local mobile library attended the centre regularly and residents who enjoyed reading, told the inspectors, it was a great resource. Residents who spoke with the inspectors said they could get up or go to bed at a time of their choosing and they had choice over how they spent their day. Residents were seen to go out for the day with visitors, and residents were seen to be

accompanied by staff on walks around the centre.

Residents views on the running of the centre were sought through surveys and residents meetings. Feedback from survey findings were positive and review of meeting minutes indicated that activities, food choices and were discussed and actioned.

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 inspection to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Overall, the findings of this inspection were that the governance and management arrangements in place were effective and ensured that residents received person-centred care and support. However, some areas for improvement were identified as outlined under the relevant regulations.

The inspectors found that there was a clearly defined management structure with identified lines of responsibility and accountability. The centre is owned and operated by Fairfield Nursing Home Limited, who is the registered provider. The company has two directors, one of whom represented the provider and attended the centre on a weekly basis. The person in charge was full time in their role and was supported by two clinical nurse managers, a team of nursing, care, housekeeping and administrative staff. The assistant director of nursing had resigned from their position since the previous inspection. The provider was in the process of recruiting an operations manager, to further strengthen the governance and management systems in the centre. This position was expected to be filled in the weeks following the inspection.

There was evidence of adequate resources in the centre. There was an appropriate number and skill mix of nursing and care staff to meet the assessed needs of the 49 residents living in the centre. There was a minimum of two registered nursing staff rostered in the centre, 24 hours a day.

Staff had access to a comprehensive training programme that facilitated both in-person and online training. Mandatory training was seen to be up-to-date for staff. Staff demonstrated an appropriate awareness of their training and their roles and responsibilities, with regard to safeguarding residents from abuse, infection control practices, medication management and fire safety management. There was good oversight of the uptake of mandatory training by the management team. However, supervision of staff required action in relation to communication as outlined under Regulation 23; Governance and management.

The inspectors reviewed minutes of meetings such as clinical governance meetings, staff meetings and residents' meeting. It was clear that keys risks and aspects of service delivery were discussed and actioned during these meetings. The provider held management meetings between the centre and its sister centre to promote sharing of practices and information, where required. The quality and safety of care was being monitored through a schedule of monthly audits including; person centred care, medication management, falls, environmental hygiene and hand hygiene. Clinical indicators such as bed-rail usage, antimicrobial usage, residents with infections and wounds were also monitored. The inspectors found that the schedule of audits could be further enhanced by ensuring all aspects of standard precautions were included as outlined under Regulation 23; Governance and management. The inspectors saw that an annual review of the quality and safety of care provided to residents was prepared for 2023 and was available to review.

The registered provider had a number of up-to-date, written policies and procedures available, to guide care provision, as required under Schedule 5 of the regulations.

The complaints procedure was displayed in the centre and a comprehensive policy was available to guide staff on the management of complaints. A record of complaints received were kept in the centre and from a review of a sample of complaints, it was evident that they were investigated and actioned by the person in charge. However, written responses sent to complainants did not meet the requirements of the regulation as outlined under Regulation 34; Complaints procedure.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. They had the necessary nursing and management experience and qualifications to fulfill the regulatory requirements of the role.

Judgment: Compliant

Regulation 15: Staffing

The inspectors found that there was an adequate number and skill mix of staff to meet the assessed needs of the 49 residents living in the centre on the day of inspection. There was a minimum of two registered nurses rostered 24 hours a day in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

There was generally good supervision of staff in the centre, including a comprehensive induction and appraisal process. Training was provided on a regular basis.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to ensure the service was safe appropriate, consistent and effectively monitored required action in relation to;

- oversight of infection control practices; as while audits of infection control were carried out on hand hygiene and environmental hygiene these did not include all areas of standard precautions.
- oversight was required in relation to staff communication with residents and relatives, when English was not the first language of staff. Some residents and relatives said on occasion they could not understand what the staff were saying, which at times led to increased confusion and misunderstanding.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Residents had a signed a contract. The contract detailed the services provided to each resident, whether under the Nursing Home Support Scheme or privately. The type of accommodation was stated along with fees and the room number.

Judgment: Compliant

Regulation 31: Notification of incidents

Incidents occurring in the centre were recorded and monitored by the person in charge. From a review of records of incidents, it was evident that notifications were reported to the office of the Chief Inspector as required in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

While it was evident that complaints were logged and investigated by the person in charge in the centre, written responses provided to complainants did not include whether the complaint was upheld, and details of the review process required in the regulations.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

Policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were in place.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Fairfield Nursing Home were supported to have a good quality of life, where staff worked to ensure that residents' choices were respected and promoted in the centre. However, action was required to ensure the quality and safety of care provided to residents was consistently provided, particularly with regard to care planning, premises and fire precautions.

Residents had access to medical care with the residents' general practitioners (GP), providing reviews for residents as required. There was evidence that access to community mental health services were also available in the centre for residents. A physiotherapist attended the centre one day a week providing a group exercise class and one-to-one sessions with residents as required.

Residents had good access to health care services including occupational therapy, dietitian, speech and language therapy and tissue viability expertise. Records reviewed indicated that occupational therapy input was sought where restraint was used or to promote residents' mobility. An inspector reviewed a sample of residents' files. Residents' social and health care needs were assessed using validated tools. However, the inspectors found action was required in relation to care planning, as some of the care plans reviewed, did not consistently have enough detail to meet the needs of the residents. This is outlined further under Regulation 5: Individual

assessment and care plan.

Residents' weights were being assessed monthly and weight changes were closely monitored. Each resident had a nutritional assessment completed using a validated assessment tool. Modified diets and specialised diets, as prescribed by health care or dietetic staff were implemented and adhered to. There was an adequate number of staff to ensure that residents who required assistance could be provided with it in a timely manner.

Controlled drug medications were maintained in line with professional guidelines. There were good recording systems in place for medication administration. The inspectors found that medications that were required to be crushed were not consistently prescribed to be administered as crushed by the GP. These and other findings are outlined under Regulation 29; Medicines and pharmaceutical services.

Overall, the inspectors saw that the premises met the individual and collective needs of residents. The outdoor spaces were well maintained and provided a restful space for residents to sit and chat with relatives or other residents. Plenty of outdoor seating and tables were available. Pathways were well maintained and residents were walking around the centre accompanied by staff or visitors during the day. The indoor communal spaces and bedrooms were, in general, well maintained, but some furniture and some bedroom walls required attention as outlined under regulation 17 Premises.

The provider had systems in place to monitor fire safety precautions and procedures within the centre. The inspector saw records available, indicated that quarterly and annual testing of the fire alarm and emergency lighting was in place. Fire-fighting equipment was serviced annually. Staff were provided with training each year and regular simulations of evacuation of compartments were held in the centre. Daily, weekly and monthly checks of emergency exits, fire alarm and the centre's doors was in place and recorded. The provider had arranged for an assessment of the integrity and quality of the fire doors in the centre to be carried out and an action plan was in place to address the findings. An inspector observed that action was required to ensure the safety of residents in the smoking area as outlined under Regulation 28 Fire precautions.

Residents had access to an independent advocacy service. There were opportunities for recreation and activities. Residents were encouraged to participate in activities in accordance with their interests and capacities. Residents were observed participating in activities as outlined in the activity programme. Residents living with dementia were supported by staff to join in group activities in smaller groups or individual activities relevant to their interests and abilities.

Regulation 11: Visits

Visiting was unrestricted in the centre and numerous visitors were seen coming and going on the day of inspection. Visitors were warmly welcomed by staff and met

with residents in the visiting room, the communal rooms, outside in the seating areas and in residents' bedrooms.

Judgment: Compliant

Regulation 17: Premises

Overall, the inspectors found that the premises conformed to Schedule 6 of the regulation, however, the following required action;

- The surfaces of some of the dining tables in Deelish were worn and some of the counter tops in Rockmount were worn and chipped.
- The flooring in the day room in Rockmount was worn and required repair.
- Paintwork in a number of bedrooms was chipped and marked and required repair.
- Storage in the centre required review, as inspectors saw hoist and specialist chairs stored in one of the communal rooms
- installation of a macerator or bedpan washer in the dirty utility room remained outstanding.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Residents' nutrition and hydration needs were met. Systems were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements, such as, diabetic or modified diets. The modified diets were presented very well and it was evident that chefs took time and pride in the presentation as they fully resembled an unmodified diet. The dining experience was seen to be enjoyable and both residents and relatives praised the food, the choice and variety available. The centre were introducing pictorial menus which will further assist residents to make an informed choice around their meal preferences.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

While records for residents admitted after an admission to acute services was available to review, copies of transfer records sent from the centre to acute services

were not maintained in the centre as required in the regulation.

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required to ensure residents' safety when smoking outside, as there was no call bell should a resident need to alert staff in the event of an emergency.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

The following required action in relation to management of medicines.

- The inspectors found that medications that were required to be crushed were not individually prescribed to be administered as crushed by the GP, therefore nursing staff were not always administering medications in accordance with the direction of the prescriber.
- Eye drops, stored in the medicines fridge, did not have the date of opening on the packet. These may lead to medications not being administered in line with best practice.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspectors reviewed a sample of care plans and found that while some care plans were person-centred, a number of care plans did not have sufficient detail to direct care for staff. For example,

- a resident's care plan did not detail how they could communicate their needs to staff
- residents' medical history and background information prior to admission, was not consistently used, to inform assessments and care planning, to ensure residents needs were met.
- residents who exhibited responsive behaviours did not have sufficient detail in their care plans on distraction techniques and management strategies to prevent behaviours escalating.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had good access to GPs from local GP practices, who were onsite in the centre every week and specialist services such as community psychiatry, palliative care and tissue viability. Residents also had good access to physiotherapy, occupational therapy, speech and language therapists and dietitians. From a review health care records, it was evident that recommendations from specialist services were implemented.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Staff were up-to-date with training to support residents who had responsive behaviours. The inspectors saw that staff interacted in a respectful manner and were knowledgeable regarding residents' needs. The person in charge was actively promoting a restraint free environment and had reduced the number of bedrails in use in the centre to two. All residents with restraint in place had been reviewed by an occupational therapist. A sample of care plans for residents with responsive behaviours required action as outlined under regulation 5.

Judgment: Compliant

Regulation 8: Protection

There was a clear policy in place in relation to the detection of abuse and safeguarding the residents. Residents told the inspectors that they felt safe living in the centre. Records reviewed indicated that all staff had received training in the prevention, detection and response to abuse, according to the records seen. Staff spoken with were aware of what constituted abuse and how to make their concerns known to senior management. Where any allegations had been made, steps were taken to investigate these and appropriate action taken.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the centre and all interactions observed on the day of inspection were person-centred and respectful. There was access to independent advocacy services on display in the centre and residents were supported with accessing these services, when required. The provider ensured residents were provided with facilities for occupation and recreation through a schedule of available meaningful activities. Residents' views on the running of the services were sought through surveys and resident and family meetings. Residents choices were supported in the centre.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially 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 Fairfield Nursing Home OSV-0000227

Inspection ID: MON-0044179

Date of inspection: 25/07/2024

Introduction and instruction

This document sets out the regulations where it has been assessed that the provider or person in charge are not compliant with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013, Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 and the National Standards for Residential Care Settings for Older People in Ireland.

This document is divided into two sections:

Section 1 is the compliance plan. It outlines which regulations the provider or person in charge must take action on to comply. In this section the provider or person in charge must consider the overall regulation when responding and not just the individual non-compliances as listed section 2.

Section 2 is the list of all regulations where it has been assessed the provider or person in charge is not compliant. Each regulation is risk assessed as to the impact of the non-compliance on the safety, health and welfare of residents using the service.

A finding of:

- **Substantially compliant** - A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.
- **Not compliant** - A judgment of not compliant means the provider or person in charge has not complied with a regulation and considerable action is required to come into compliance. Continued non-compliance or where the non-compliance poses a significant risk to the safety, health and welfare of residents using the service will be risk rated red (high risk) and the inspector have identified the date by which the provider must comply. Where the non-compliance does not pose a risk to the safety, health and welfare of residents using the service it is risk rated orange (moderate risk) and the provider must take action *within a reasonable timeframe* to come into compliance.

Section 1

The provider and or the person in charge is required to set out what action they have taken or intend to take to comply with the regulation in order to bring the centre back into compliance. The plan should be **SMART** in nature. **S**pecific to that regulation, **M**easurable so that they can monitor progress, **A**chievable and **R**ealistic, and **T**ime bound. The response must consider the details and risk rating of each regulation set out in section 2 when making the response. It is the provider's responsibility to ensure they implement the actions within the timeframe.

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - A staff nurse has been enrolled to commence IPC Link Practitioner course. She will be the IPC lead and oversee the infection control on completion of the course. - Ongoing training, support and supervision provided for staff whose first language is not English. 	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>Going forward written responses provided to complainants will contain all details including the review process required in the regulations.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> -Surfaces of dining tables in Deelish have been sanded varnished and countertops in Rockmount are to be replaced. 	

- Awaiting for floor in Dromusta to be replaced.
- Bedrooms are being painted on an ongoing basis as needed.
- Staff has been told to use the storage spaces that has been provided for hoist and specialist chairs.
- Installation of macerator/bed pan washer is been reviewed.

Regulation 25: Temporary absence or discharge of residents	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 25: Temporary absence or discharge of residents:
 Copies of residents transfer records will be maintained in the centre.

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:
 New call bell is now place in the smoking area.

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:
 All crushed medications to be administered are individually prescribed by GP now.
 All eye drops have got date of opening on the packet in line with best practice.

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> <p>All resident's assessments and care plan are being reviewed and updated with their medical history and background information.</p> <p>Care plans of residents exhibiting responsive behaviours have been updated.</p>	

Section 2:

Regulations to be complied with

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

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

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	14/08/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/10/2024
Regulation 25(1)	When a resident is temporarily absent from a designated centre for treatment at another designated centre, hospital or elsewhere, the person in charge	Substantially Compliant	Yellow	26/07/2024

	of the designated centre from which the resident is temporarily absent shall ensure that all relevant information about the resident is provided to the receiving designated centre, hospital or place.			
Regulation 28(2)(ii)	The registered provider shall make adequate arrangements for giving warning of fires.	Substantially Compliant	Yellow	26/07/2024
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant	Yellow	12/08/2024
Regulation 34(2)(c)	The registered provider shall ensure that the complaints procedure provides for the provision of a written response informing the complainant whether or not their complaint has been upheld, the reasons for that	Substantially Compliant	Yellow	30/07/2024

	decision, any improvements recommended and details of the review process.			
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	30/09/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	30/09/2024