Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

# Issued by the Chief Inspector

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| Name of designated centre: | St John's House |
| Name of provider: | St Johns House of Rest |
| Address of centre: | 202 Merrion Road, Ballsbridge, Dublin 4 |
| Type of inspection: | Unannounced |
| Date of inspection: | 31 March 2021 |
| Centre ID: | OSV-0000101 |
| Fieldwork ID: | MON-0032524 |

## About the designated centre

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

St John's House is a purpose built nursing home currently offering 56 beds. Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. The nursing home is located just five minutes from the dart and on the direct bus route to the city centre. It is close to the seafront, Sandymount strand. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants. It is the aim of St. John's House to provide a residential setting, where residents are supported and valued within a care environment that promotes person centred care, health, quality and well-being. The centre has a Church of Ireland ethos. All residents are supported in their interactions within their spiritual domain. Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care.

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

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| Number of residents on the date of inspection: | 55 |

## How we inspect

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 31 March 2021 | 08:45hrs to 17:40hrs | Niamh Moore | Lead |
| Wednesday 31 March 2021 | 08:45hrs to 17:40hrs | Margaret Keaveney | Support |

## What residents told us and what inspectors observed

From what residents told us and from what inspectors observed, it was clear that residents were happy with the care they received and were supported to be active participants in the running of the centre. One resident told inspectors that they had requested at a residents meeting that staff knock more loudly on their bedroom door and that this request had been met. Another resident reported that staff were extremely attentive and that they were 'the best thing about the centre'.

The inspectors arrived at the centre unannounced in the morning and were guided through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, hand hygiene and the wearing of personal protective equipment (PPE) such as a face mask.

St John's nursing home was organised on three floors, the ground floor, first floor and second floor. The ground floor had communal spaces, an area that had been temporarily re purposed for visiting and offices. Residents were accommodated on the first and second floors with access to dining and day rooms on these floors.

The person in charge (PIC) accompanied the inspectors on a walk around the centre. Inspectors found that the design and layout of the centre was spacious, bright and well maintained, having been completely renovated from 2019. The décor was homely with a mix of comfortable, new furniture and antiques. The person in charge told inspectors that some of the décor and pictures seen on walls were from three original centres which made up St Johns, thus creating a link with the past.

Communal areas were organised to allow residents to relax and socially distance safely. There was access to sunny outdoor terraces with potted plants on each floor. Residents reported that they enjoyed the garden terraces and dining outdoors on the balconies in fine weather and were able to join in activities of their choice.

While the centre was decorated well and generally clean, there were some areas of infection prevention and control processes and procedures which required review. Inspectors also found inappropriate storage of residents' equipment within communal day rooms and bathrooms. This will be discussed further under regulations 17 premises and 27 infection control.

Inspectors spoke with several residents in the course of the inspection and all residents conveyed high levels of satisfaction with the care and support provided in St John's. Residents said that they were happy within the centre, they felt safe and could talk to staff about everything. Residents spoke positively about the quality, quantity and choice of food available to them. Residents reported that specific requests such as for half portion meals had been met.

There was a calm, peaceful atmosphere in the centre. Inspectors observed staff speaking with respect and kindness to residents, while demonstrating their

knowledge of residents' needs and preferences, for example, inspectors observed the person in charge to speak Irish with one of the residents. Another resident told inspectors that due to COVID-19 restrictions, while the hairdresser was not attending the centre, one of the activity coordinators had kindly done her hair.

The colour scheme at the entrance of each resident's bedroom was continued on the wall behind their bed and on the ensuite door. The person in charge told inspectors this was to assist and guide residents with direction. Residents had ample space to store their belongings and had personalised their rooms with photographs and other personal items.

Staff were observed following infection control guidelines with the correct use of personal protective equipment (PPE) and hand hygiene. Hand gel dispensers were located throughout the centre.

Inspectors were informed that communal dining had ceased at the start of the COVID-19 pandemic and that residents were now served meals in their bedrooms. The centre had recently completed their COVID-19 vaccination programme with over 90% uptake and were supportive of residents dining outdoors on a balcony. One resident told inspectors that they had enjoyed this experience in the last week. Another resident was observed by inspectors to be happily eating breakfast in an open area by the nursing station.

On the day of inspection, four residents were enjoying a Sonas group activity with the activity coordinator. Residents said they enjoyed the activities and were seen to mix freely with each other. Residents told the inspectors that they met regularly to complete crosswords together using the daily newspapers available to them. Residents spoken to said that they enjoyed participating in bingo, card playing and art and exercise classes.

Inspectors observed that the complaints procedure was not on display in the centre. When requested, the inspectors were shown a copy of the procedure and assured that it would be immediately prominently displayed within the centre for residents and visitors. Residents who spoke with the inspectors confirmed that if they were dissatisfied with any area of the service that they were aware how to make a complaint and felt comfortable doing so.

Although residents were content with the service they received, inspectors found that there were gaps in oversight arrangements in a number of areas in the centre. The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted on the quality and safety of the service being delivered.

## Capacity and capability

Inspectors found that the provider needed to improve the overall governance and management systems in the centre in order to ensure effective oversight and sustainable and safe delivery of care. Extra resources were required to ensure that staff absences were covered by the staff team and not by management, as this depleted management resources.

St John's is owned and managed by an incorporated body, St John's House of Rest. There was an established management team within the centre and prior to the COVID-19 pandemic the centre had a good level of compliance identified during inspection in 2019.The provider employed a person in charge who worked full time in the centre. The person in charge was supported in their role by a general manager and two clinical nurse managers. The centre had experienced challenges in recruiting night time staff and were in the process of identifying resources to manage the situation.

One staff member tested positive for COVID-19 throughout the pandemic. The centre had worked hard to remain COVID-19 free for all residents with a clear pathway in place for testing and receiving swab results to detect the presence of a COVID-19 infection. The provider had prepared a contingency plan for COVID-19 which identified succession planning if key management personnel were unable to attend work. Three staff were trained to take swabs for the detection of COVID-19.

Inspectors found that there was no schedule of auditing to guide managers, resulting in some audits being infrequent and others not containing time bound action plans to ensure the necessary improvements were completed. This resulted in necessary repairs not being identified, and restraint practices not being recognised by the registered provider, and therefore not being reviewed or managed.

Improvements were necessary to ensure the provider had submitted notifications in accordance with time frames specified in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) to the Chief Inspector.

Staff reported that they were supervised within their work by one of the clinical nurse managers. However, inspectors found evidence that a refresher on internal policies and training was required as two staff members were unable to tell inspectors who the complaints officer of the centre was or how to appropriately manage a safeguarding incident.

The procedure for complaints within the centre required review to ensure it met the requirements of the regulations.

## Regulation 15: Staffing

On the day of inspection, inspectors found that the skill mix of staff was appropriate with regard to the assessed needs of the 55 residents' and the size and layout of the

centre.

There was a minimum of one nurses seen on the roster for the week of and the week following the inspection.

Judgment: Compliant

## Regulation 16: Training and staff development

Inspectors reviewed training records in the centre and found that a substantial amount of refresher training was overdue.

80% of staff had received training in infection prevention and control. In addition, all staff had received training online regarding donning and doffing (putting on and taking off) personal protective equipment (PPE).

Refresher mandatory training was overdue within the centre. 65% of staff were overdue training for fire safety, 47% of staff were overdue training for manual handling and 39% of staff were overdue training on safeguarding. The provider informed inspectors that the centre could not get trainers into the centre due to the COVID-19 pandemic. Refresher fire safety training was to take place in the weeks following inspection.

Judgment: Not compliant

## Regulation 23: Governance and management

Inspectors found that on the day of inspection, there was sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose. However, improvements were required regarding the management of nursing resources to ensure that the centre was able to manage planned and unplanned leave. The worked rosters for the weeks prior and the week of the inspection recorded that there was one nurse on duty each night. Inspectors were told that the centre had tried but had been unsuccessful in securing agency cover for staff absences and that instead nursing absences were covered by nursing management. A review of management meeting minutes showed that the person in charge had requested that the provider recruit additional nursing staff to ensure safe, quality care for residents. Inspectors were informed that at the time of inspection, discussions were ongoing with the provider in relation to budget approval.

Inspectors found records of monthly committee meetings where the person in charge and general manager met with the board to discuss key performance indicators of the centre. This included staffing, COVID-19, resident admissions and

resident feedback.

Inspectors found that while some clinical audits had taken place, these were infrequent and no non-clinical audits had been completed in the last year. There was only one audit that had taken place in 2021 which related to wound care. There was also no evidence of audits completed for the clinical risks identified within the centres risk register such as nutrition, tissue viability and skin integrity, infection control and pain. The inspectors were informed that these audits was due for completion soon. All audits reviewed by inspectors did not sufficiently detail time bound action plans to to respond to all risks or trends identified.

Inspectors were informed that an annual review of the quality and safety of care delivered to residents in the designated centre for 2020 had not yet taken place.

Judgment: Not compliant

## Regulation 31: Notification of incidents

Inspectors found evidence where notifications in relation to any unexpected deaths in the centre were not submitted to the Chief Inspector as required. These notifications were submitted following the inspection.

Notifications submitted to the Chief Inspector did not include all occasions when a restraint was used. For example, occasions when PRN medicines (medicines to be taken when required) were given to residents and the use of chair alarms.

Judgment: Substantially compliant

## Regulation 34: Complaints procedure

The was a complaints policy in the centre which identified the person in charge and registered provider representative as the nominated persons to deal with and investigate complaints. However, the policy named the previous PIC and had not been updated to reflect the change of PIC which took place in May 2019.

The complaints procedure was not displayed in the centre.

The complaints log showed that no complaints had yet been received in 2021 and that five were received in 2020. Within the complaints register, all but one complaint had recorded the outcome and the complainant satisfaction level.

Judgment: Substantially compliant

## Quality and safety

Inspectors found that overall, residents were supported and encouraged to have a good quality of life. Residents had good access to healthcare and there was evidence of good consultation with residents and plenty of opportunities for social engagement.

The centre was found to be homely, well-laid out and suitably furnished to meet residents' needs. The premises were decorated to a high standard. However, gaps identified in infection control and inappropriate storage found during this inspection were not identified by the provider as part of their oversight processes.

The registered provider had worked hard to ensure that safe visiting arrangements were in place to allow residents to maintain contact with their families, while at the same time complying with up to date infection prevention and control guidelines.

Residents records evidenced that there was a multi-disciplinary approach within the centre to restraint. Consent forms were seen to be signed by the individual resident or their family members, GP, occupational therapist, physiotherapist and a member of nurse management. However, improvements were required to ensure that care plans for managing behaviours that challenge and the use of PRN medication were reviewed, to ensure that staff received guidance on how best to manage and respond to the behaviours in accordance with national policy "Towards a Restraint Free Environment in Nursing Homes" 2020.

All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. Inspectors observed residents and staff to social distancing throughout the inspection.

Inspectors reviewed a sample of resident care assessments which were used to develop care plans that instructed and advised staff on how to most effectively support residents with their health, social and personal requirements. Overall, inspectors found that residents had comprehensive access to medical and allied health services, however there were gaps within documentation relating to monitoring residents weight.

Inspectors spent time observing resident and staff interactions and found that staff were patient, respectful and friendly with residents. There was many examples where residents were encouraged to retain their independence, for example one resident liked to go for a walk in the corridors using her walking aid and was supported with this.

Inspectors found that residents had opportunities to participate in activities in accordance with their interests and capacities. Residents also had opportunities to participate in the organisation of the designated centre during resident council meetings.

The risk management policy of the centre met the requirements of the regulations.

## Regulation 17: Premises

The premises was appropriate for the needs and number of residents in accordance with the statement of purpose. However, storage practices in the centre required review from an infection control and a resident safety perspective; for example:

- A bed pan washer in one of the sluice rooms had a maintenance sticker which recorded the service as out of date. Inspectors were informed this was an error and the unit had been serviced.
- A fire escape was blocked by a chair, this was addressed on the day of the inspection
- A day room on 1st floor had inappropriate storage of two wheelchairs and seasonal decorations
- A hand hygiene sink was blocked by a chair, this was addressed on the day of inspection
- There were four pedal bins, which were broken
- One of the toilets had a broken door handle.
- Communal bathrooms were used to store chairs, walking aids and newspapers
- Cracks were seen on some of the walls on the corridors

Inspectors found that environmental audits had not taken place and therefore the centre had not identified or put a plan in place to address these findings.

Judgment: Substantially compliant

## Regulation 26: Risk management

There was a risk management policy in place that contained all the requirements of the regulation.

A risk register was also in place which itemised a comprehensive list of clinical risks identified within the centre. A review of the risk assessments completed showed that appropriate hazards and measures had been identified and a risk impact and liklihood had been applied to all. However, for some the risk rating had been incorrectly calculated, including one for COVID-19.

Judgment: Compliant

## Regulation 27: Infection control

A COVID-19 vaccination program had taken place with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff.

Although the centre appeared to be in good repair and very clean, the findings below identified further improvements were required, for example:

- In the kitchen store room, there were items on the floor and the sink was visibly soiled. There was confusion on the day by management regarding who was responsible for cleaning this room.
- A cabinet in the 2nd floor living room which was damaged and had sticky residue, as a result this cabinet could not be effectively cleaned.
- There was a soiled commode seat within a storage room which had the potential for cross contamination.
- A number of store rooms on the day of inspection had items on the floor which prevented adequate cleaning.
- Staff hand hygiene practices required review as one staff member was seen to wear a watch and stoned ring which meant that they could not effectively clean their hands.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of care records held in the centre. Inspectors found that a pre- assessment was completed prior to a resident's admission to identify and ensure the centre could meet the residents' needs before moving in.

Staff used a variety of accredited assessment tools to guide and inform each resident's care plan. Assessments included those on risk of falling, pain, manual handling, dehydration, malnutrition and resident's mood.

Care plans were seen to contain detailed information specific to the individual needs of the residents and were regularly reviewed and updated as required.

Judgment: Compliant

## Regulation 6: Health care

Inspectors found that residents were provided with timely access to their own or the

centre's general practitioner (GP) with one of the centres GPs attending the centre on the day of inspection.

Residents had regular access to allied health professionals such as physiotherapy, dietitian and opticians as required or requested. Residents had access to chiropody services on the day of inspection.

Residents who were eligible, availed of the National Screening Programme.

A review of the electronic healthcare record system showed that fifteen residents were for weekly weight checks. However, this had not been completed weekly for five of the fifteen residents. Inspectors were informed that this was due to a variety of changes in residents' condition, such as immobility, but the daily care notes had not been updated to reflect such changes.

Judgment: Substantially compliant

## Regulation 9: Residents' rights

Inspectors saw the personal efforts that staff had made to ensure residents had a variety of social activities to occupy their day. There were dedicated activity staff and care staff were also involved in activities within the centre to ensure that residents were provided with a range of opportunities.

Residents were supported to continue to practice their religious faiths remotely during the COVID-19 outbreak in the centre. Weekly visits by religious clergy had not resumed due to level 5 restrictions in place.

Visiting had resumed in accordance with the latest Health Prevention and Surveillance Centre Guidance with an organised schedule of daily visits. Visitors were observed on the day of the inspection and were received in a large dedicated room which facilitated social distancing.

Regular residents' meeting were held in the centre and inspectors found evidence of minutes of the last meeting (4th March 2021), displayed on residents notice boards throughout the centre. Residents also had access to advocacy services.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

The centre had a restraints register which had been reviewed in March 2020. This register did not accurately record all of the restrictive practices in place within the

centre.

The centre had not seen posey alarms as a restrictive measure and therefore there was no consent process for this practice evidenced. Inspectors were told that there were 15 out of 55 residents with a posey alarm in place.

Inspectors reviewed documentation relating to PRN medication issued to three residents. Inspectors found that there was no care plan in place and therefore insufficient guidance available to direct staff on how to care for residents who displayed behaviours that challenge. Records showed that when PRN medication was administered, there was no recorded evidence of trying alternative means to manage the behaviours that challenge prior to issuing the medication. Inspectors also found that as the medication was not seen as restrictive practice, it was not subject to review or evaluation.

Judgment: Not 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 15: Staffing | Compliant |
| Regulation 16: Training and staff development | Not compliant |
| Regulation 23: Governance and management | Not compliant |
| Regulation 31: Notification of incidents | Substantially compliant |
| Regulation 34: Complaints procedure | Substantially compliant |
| **Quality and safety** | |
| Regulation 17: Premises | Substantially compliant |
| Regulation 26: Risk management | Compliant |
| Regulation 27: Infection control | Substantially compliant |
| Regulation 5: Individual assessment and care plan | Compliant |
| Regulation 6: Health care | Substantially compliant |
| Regulation 9: Residents' rights | Compliant |
| Regulation 7: Managing behaviour that is challenging | Not compliant |

# Compliance Plan for St John's House OSV-0000101

## Inspection ID: MON-0032524

## Date of inspection: 31/03/2021

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

This document is divided into two sections:

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

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

A finding of:

- **Substantially compliant -** A judgment of substantially compliant means that the provider or person in charge has generally met the requirements of the regulation but some action is required to be fully compliant. This finding will have a risk rating of yellow which is low risk.

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

## Section 1

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

**Compliance plan provider's response:**

| **Regulation Heading** | **Judgment** |
|---|---|
| Regulation 16: Training and staff development | Not Compliant |
| Outline how you are going to come into compliance with Regulation 16: Training and staff development:<br>A training programme for all staff has now commenced. We continue to use some on line training facilities. On-site training is also booked. | |
| Regulation 23: Governance and management | Not Compliant |
| Outline how you are going to come into compliance with Regulation 23: Governance and management:<br>Roster profile restored to an allocation of two night nurses.<br><br>An additional staff nurse working 18 hours per week has been added to the roster.<br><br>The frequency of clinical audits has been reviewed. Actions and timeframes in place.<br><br>Director of Nursing has commenced the annual review for 2020. Questionnaire is being dispatched to NOK and residents. This review will be displayed on our residents' notice board. | |

| Regulation 31: Notification of incidents | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 31: Notification of incidents:
All notifications will be submitted to the authority in a timely manner.

Restraint use to include chemical and physical restraints will be included in the quarterly and 6 monthly notifications.

| Regulation 34: Complaints procedure | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The complaints policy has been edited to include the name of the current PIC.

The complaints procedure is displayed on a notice board on the ground floor.

Complaints recorded to date have now been closed and include satisfaction levels.

| Regulation 17: Premises | Substantially Compliant |
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Outline how you are going to come into compliance with Regulation 17: Premises:
Cracks in walls reported to architect and property services manager. Same do not constitute danger.

Re: Environmental audit. 3 sections addressed. Clinical environment component is complete. Cleaning audit complete. Physical environment audit is in progress.

Pedal bins have been replaced.

Inappropriate storage removed from the day room.

Door handle on toilet room is now replaced

Communal bathroom areas cleared of inappropriately stored items.

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| Regulation 27: Infection control | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 27: Infection control:
Meeting held with Aramark cleaning Services. All cleaning responsibilities identified and addressed.

Soiled commode removed.

Storage on floors discussed at Health & Safety meeting. Addressed with property services and maintenance. Alternative storage and shelving is actioned.

All staff have been advised about strict infection control protocols. Only wedding bands can be worn.

Glass cabinet removed, for repair, from sitting room on the second floor. (Sticky residue posed infection risk)

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| Regulation 6: Health care | Substantially Compliant |

Outline how you are going to come into compliance with Regulation 6: Health care:
Daily on going check of nursing records is in place. All required recordings are now updated. Weights are being recorded on the due date. Oversight of this action has been directed to senior nursing management.

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| Regulation 7: Managing behaviour that is challenging | Not Compliant |

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
Posey alarms and prn psychotropic medications are now included in the restraint register. Signed by MDT. Subject to quarterly review.

## 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. | Not Compliant | Orange | 31/08/2021 |
| Regulation 16(1)(b) | The person in charge shall ensure that staff are appropriately supervised. | Not Compliant | Orange | 06/05/2021 |
| Regulation 17(1) | The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3. | Substantially Compliant | Yellow | 30/07/2021 |
| Regulation 23(a) | The registered provider shall ensure that the designated centre has sufficient resources to | Substantially Compliant | Yellow | 06/05/2021 |

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| | ensure the effective delivery of care in accordance with the statement of purpose. | | | |
| 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. | Not Compliant | Orange | 30/06/2021 |
| Regulation 23(d) | The registered provider shall ensure that there is an 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 the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act. | Not Compliant | Orange | 30/06/2021 |
| Regulation 23(e) | The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families. | Not Compliant | Orange | 30/06/2021 |
| Regulation 23(f) | The registered provider shall | Not Compliant | Orange | 30/06/2021 |

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| | ensure that a copy of the review referred to in subparagraph (d) is made available to residents and, if requested, to the Chief Inspector. | | | |
| Regulation 27 | The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff. | Substantially Compliant | Yellow | 06/05/2021 |
| 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 | 06/05/2021 |
| Regulation 31(3) | The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4. | Substantially Compliant | Yellow | 06/05/2021 |
| Regulation 34(1)(b) | The registered provider shall | Substantially Compliant | Yellow | 06/05/2021 |

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| | provide an accessible and effective complaints procedure which includes an appeals procedure, and shall display a copy of the complaints procedure in a prominent position in the designated centre. | | | |
| Regulation 34(1)(f) | The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied. | Substantially Compliant | Yellow | 06/05/2021 |
| Regulation 6(1) | The registered provider shall, having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in | Substantially Compliant | Yellow | 06/05/2021 |

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| | accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident. | | | |
| 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. | Not Compliant | Orange | 31/05/2021 |