



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

## Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	14 October 2021
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0034549

## About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

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

Number of residents on the date of inspection:	52
--	----

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 14 October 2021	09:30hrs to 17:30hrs	Una Fitzgerald	Lead
Friday 15 October 2021	09:30hrs to 14:30hrs	Una Fitzgerald	Lead

## What residents told us and what inspectors observed

Overall the feedback from residents living in this centre was very positive. The inspector met and spoke with several residents. Residents said that they were satisfied with the care and service provided. Some residents stated that the staff were very kind and caring, that they were well looked after and they were happy living in the centre. The national pandemic had been very challenging and residents felt that the staff as individuals were dedicated to providing quality care in a homely environment.

The inspector arrived unannounced to the centre and was guided through the infection prevention and control measures necessary on entering the designated centre. These processes included hand hygiene, face covering, and temperature check. Residents spoken with were delighted that restrictions on visits had been eased in line with public health guidance. Several visitors were observed coming and going throughout the two days. Residents confirmed that they could receive visitors in the privacy of their own bedrooms if they wished but many were happy to receive visits in designated visiting areas.

The inspector observed that the majority of residents chose what way to spend their day. Some residents were up and about and relaxing to music in the day rooms, some were reading the daily newspapers, while others were relaxing in their bedrooms. Over the two days, the inspector observed that the staff were familiar with the residents and used the completion of daily tasks as an opportunity to engage in social chat. For example: a staff member who was giving out morning soup chatted to each resident. The staff member offered all residents a choice of drink and waited to check if the temperature of the drink was to their satisfaction before leaving with a message of "enjoy your soup".

The activities schedule was displayed and included a variety of activities. Throughout the two days, residents were observed partaking and enjoying a number of group activities. Mass was celebrated in the centre. There was a staff member allocated to the supervision of communal rooms. Staff were seen to encourage participation and stimulate conversation. Staff spoken with described the challenging time that they had been through. The inspector summarised from the answers to questions that the staff knew the residents care needs. The inspector observed that residents were not rushed. For example; the inspector observed two staff assist a resident to walk from the sitting room out to the dining room to join other residents. The interaction was patient and kind and the staff were heard offering constant encouragement to the resident to continue walking.

Resident meetings were held and attended by upto fifteen residents. Feedback was sought in multiple areas. Residents had requested to go on a day trip and two outings had been organised. Photographs on display in the main reception for one trip evidenced that those who attended had enjoyed the day. Residents had voiced

that the meal menu was too predictable and as a result changes had been made.

The inspector sat and chatted with residents for their lunch time meal. The daily menu was displayed offering choice. Residents were asked at the time of the meal what choice they wanted. Staff were observed to engage positively with residents during meal times, ensuring appropriate encouragement. Staff providing assistance, sat at eye level with residents, and used the time to chat about topics of interest to the resident. Residents were not rushed. The inspector was told by a small number of residents that their only dissatisfaction with the food was that the evening chips are served cold. The provider committed to review same.

Residents had access to a large enclosed garden courtyard area. The doors to the enclosed garden area was open and in the main were easily accessible. The garden areas were attractive with bedding and outdoor furniture provided for residents use. There was one main entrance into the building. There is an open reception area and beyond this is where residents are accommodated. However, the door into the resident area was locked by means of a keypad. The management team advised that residents could come and go at any time and that a member of staff was always available to open the door. The code to the door was not displayed to residents. This was discussed with the management team during the inspection. The management team committed to review this practice and were in agreement that the code for the door could be given to any resident who wished to go outside, subject to them having sufficient awareness and capacity to be safe while doing so.

The building is two-storey in design. Bedroom accommodation is provided on both floors in sixty-two single and nine twin bedrooms. All bedrooms have en suite bathroom facilities. There is a lift provided which allows residents access both floors. Residents' bedrooms were personalised with items of significance to each resident and there was adequate storage facilities for storage of personal possessions. Many residents had their own pictures, framed photographs and ornaments. Residents spoken with stated that they liked their bedrooms. Grab-rails and handrails were provided to bathrooms and corridors. The communal areas were decorated in a domestic homely style.

On the day of inspection the first floor was closed, with the exception of the day room that is used by residents for their "man shed" activities. A group of residents meet weekly where they partake in woodwork activities and make a variety of products for sale locally. When chatting to the inspector a resident described the man shed as "good crack" and looked forward to the weekly catch up.

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 the quality and safety of the service being delivered.

## Capacity and capability

This inspection was an unannounced risk-based inspection completed over two days. The registered provider had submitted an application to renew the registration of the centre. The last inspection of the centre took place in June 2021. The inspector found that progress had been made; the governance and management structures had been strengthened and stabilised. In addition, the provider has increased the monitoring and auditing of the service which lead to improved oversight of the service provided to the residents. Notwithstanding the progress made, the inspector found that the non compliance with regulation 7 relating to restrictive practice had not been fully addressed.

Blockstar Limited is the registered provider of St Michael's Nursing Home. Following the last inspection in June 2021 the provider had reviewed the governance and management structure. There was a newly appointed Person in Charge who was supported locally by a team of clinical nurse managers, registered nurses, health care assistants, activities staff and a team of non clinical staff such as household and catering staff. In addition there was a newly appointed senior manager within the company who works in the centre, at a minimum one day a week, and more often if required.

The inspector found that the management team on duty on the days of inspection had good knowledge of the systems in place that monitor the service. Records requested were made available in a timely manner. The inspector found that the management were committed to quality improvement and where possible addressed non compliance found on the day of inspection.

To ensure the centre was operating in line with the regulations, the provider had a number of oversight arrangements. The management team were working together to oversee residents care and undertook reviews of the care and support being provided. A newly revised auditing schedule was in process of implementation. The management team were meeting regularly to discuss all clinical and operational issues.

A program of audits was in place, that covered a wide range of topics, including falls, restrictive practice, wound care, care plans and hand hygiene practices. Audits reviewed were seen to be thorough, and any actions that were needed to drive improvement were being progressed. For example records showed that staff infection control audits had improved from a low of 55% upto 93% compliance over a short period of time. The provider had completed an evaluation of the previous outbreak of COVID-19 in the centre, to identify strengths in their approach, and areas for improvement. An annual review of the service had been completed.

Staff recruitment was ongoing and there were some vacancies at the time of the inspection. On the day of inspection, the inspector found that there were sufficient staff to meet the direct care needs of residents. Residents fed back that the staff team were kind and provided support when it was needed. The inspector found that a review of the provision of cleaning hours allocated at the weekends was required. The rotas reviewed evidenced that there was a reduction in cleaning at weekend and this was potentially impacting on the overall cleanliness of the building as two persons were completing the cleaning of the full centre. For example, on day one

the inspector observed multiple doors and windows that were not clean and had layers of accumulated dirt. The inspector acknowledges immediate action was taken and that extra cleaners were brought on site to address the findings.

The centre management were committed to providing ongoing training to staff. The training matrix reviewed by the inspector evidenced full compliance with mandatory training required by the regulations. Staff had received mandatory training in safeguarding vulnerable adults from abuse, fire safety, people moving and handling, infection prevention and control and hand hygiene. The person in charge held responsibility for the ongoing supervision of staff. There was a process in place to ensure staff were inducted to their roles and this included on-line learning, supplemented by practical demonstrations, and mentoring by the staff team. The person in charge had commenced the process of completing annual staff appraisals.

#### Registration Regulation 4: Application for registration or renewal of registration

The application for registration renewal was made and the fee was paid.

Judgment: Compliant

#### Regulation 15: Staffing

The number and skill mix of staff on duty during the inspection was appropriate to meet the direct care needs of the current residents. There is a minimum of one registered nurse on duty at all times.

A review of the allocation of resources to the cleaning of the building at weekends is required. The allocation of cleaning hours had reduced at weekends and the provider committed to address same.

Judgment: Substantially compliant

#### Regulation 16: Training and staff development

Training records provided to the inspector for review evidence that all staff had up to date mandatory training in safeguarding, fire safety and manual handling. Staff had also completed training relevant to infection, prevention and control.

Judgment: Compliant



## Regulation 21: Records

The inspector reviewed staff files and found that staff files contained all of the documents required by the regulations.

Judgment: Compliant

## Regulation 23: Governance and management

The Inspector found the Governance and management of the centre had been improved and strengthened since the last inspection in June 2021. In the main, the direct provision of care was found to be of a good standard. The management team that interacted with the inspectors throughout the two days were organised and familiar with the systems in place that monitor the care. Care audits had been completed.

An evaluation of the management of the outbreak, which occurred in January, including lessons learned to ensure preparedness for any further outbreaks, had been compiled as recommended in HPSC guidelines.

Judgment: Compliant

## Regulation 3: Statement of purpose

The Statement of Purpose required review and updating to ensure it accurately reflected the layout of the centre. For example:

- The kitchen and laundry identified on the floor plans were not detailed in the Statement of Purpose
- The WTE (whole time equivalent) staffing compliment in the statement of purpose submitted was not reflective of the staffing numbers required for eighty residents.
- The statement of purpose identified that CCTV is in use in the centre. On the days of inspection the provider clarified that CCTV is not in use within the centre.

Judgment: Substantially compliant

## Regulation 31: Notification of incidents

The person in charge was aware of the requirement to notify the Chief Inspector of all incidents as required by the regulations. All notifications as required had been submitted.

Judgment: Compliant

## Regulation 34: Complaints procedure

There was a complaints policy in place. The policy included the name of the person nominated to deal with complaints and an appeals procedure. There was a system in place to facilitate the recording of complaints. The inspector reviewed the complaints logged. At the time of inspection there were no open complaints. It was unclear who monitored the administration of complaints to ensure that the policy was adhered too. This was discussed during the inspection and an appropriate person was appointed.

Judgment: Compliant

## Quality and safety

Overall, the inspector found that residents were receiving a good standard of care. Direct provision of care was monitored. Notwithstanding the positive findings, further review and development in the following areas was required to ensure that the centre was meeting the care needs of all residents:

- a review of the speed and supply of specialist equipment
- the provision of meaningful activities for residents that do not, due to choice or ability, engage in group activity
- restrictive practices in place

Each resident had an assessment completed on admission to identify their care needs using a variety of validated assessment tools. This included assessment of dependency needs, falls risk, nutritional risk and risk of impaired skin integrity. The inspector reviewed a sample of resident files. In the main, care plans were found to be person-centred and included personal information required to deliver person centered care. Some improvement was required to ensure that care plans were developed in consultation with the resident and/or their family members.

Residents had access to their general practitioner (GP) through a blend of remote

and face to face consultations. Residents records evidenced that regular physiotherapy and occupational therapy reviews were occurring, referral to dietitian services were accessed where there was a concern regarding residents nutritional needs. In the main, advice received was followed up to ensure positive outcomes for residents. However, the inspector found that a lengthy time delay in the provision of specialist equipment had had a negative impact on the ability of staff to meet the care needs of a resident. This had resulted in a resident spending extended periods of time confined to bed. The inspector acknowledges that on day one of the inspection the person in charge had recognised this risk and took further action.

Staff were knowledgeable regarding residents individual needs in terms of managing and supporting residents with responsive behaviors. A restrictive practice register was maintained in the centre and residents that requested the use of bedrails had a supporting risk assessment completed, consent forms and monitoring of safety completed. While the centre had evidenced a reduction in the number of bedrails in use further improvements are required to ensure that restraints are not used as a result of family wishes and requests. This will ensure that restraints are only in place due a residents request or post a completed clinical assessment of need.

The inspector observed that staff adhered to guidance in relation to hand hygiene, maintaining social distance and in wearing PPE in line with the national guidelines. Staff reported that the training they had received had been of a good standard and they were able to implement it in practice. Residents' lives had been significantly impacted by the COVID-19 pandemic and consequent restrictions. At the time of inspection all residents that were eligible for the booster vaccination had been administered same.

The laundry facilities and procedure were managed appropriately to ensure residents clothing was managed with care and minimised the risk of clothing becoming misplaced. Residents' personal laundry was managed on-site and each item of clothing was subtly marked for identification.

Residents had access to information and news, a selection of newspapers and Wi-Fi were available. Independent advocacy services were also available. There were pictures of group activities that had been organised in recent months. Despite this, inspectors found that a review of activities and the schedule in place for all residents was required to ensure that individual needs were being met.

The management of fire safety was kept under review. Records documented the scenarios created and how staff responded. Staff spoken with were very knowledgeable on what actions to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff.

## Regulation 11: Visits

Residents were supported to maintain personal relationships with family and friends.

The centre was facilitating visiting in line with the current COVID-19 Health Protection and Surveillance Centre (HPSC) guidance on visits to long term residential care facilities.

Judgment: Compliant

### Regulation 17: Premises

Resident accommodation is over two floors with a lift facility. Corridors are wide and have a spacious feel. There are multiple large and small communal rooms. There is a separate oratory and smoking room available for resident use. The centre was well maintained and overall was noted to be in a good state of repair.

The non compliance found with the overall cleanliness of the building and the build up of dirt in areas is addressed under regulation 15 staffing.

Judgment: Compliant

### Regulation 26: Risk management

The risk policy contained all of the requirements set out under Regulation 26(1). The local risk register was kept under review by the person in charge. The risk register identified risks and included the additional control measures in place to minimise the risk.

Judgment: Compliant

### Regulation 27: Infection control

On the days of inspection, infection, prevention and control practices were observed to be of a good standard. The centre had had a significant outbreak in January 2021 and the management team and staff were committed to ensuring all reasonable measures were in place to prevent a second outbreak of the COVID-19 virus into the centre. This included:

- a temperature and COVID-19 symptom check twice a day
- All new admission were admitted into bedrooms in a zoned isolation wing. This measure was part of the risk management strategy in place. On receipt of two negative COVID-19 test result, residents were admitted into long term bedrooms.
- alcohol hand sanitizers were available throughout the centre.

- appropriate signage was in place to prompt all staff, visitors and residents to perform frequent hand hygiene.
- Individual resident slings for manual handling purposes.
- the premises and equipment used by residents appeared to be cleaned.
- the procedure for cleaning was in line with national guidance and best practice

Staff had access to personal protective equipment (PPE) and were observed to apply and remove PPE in line with national guidance.

Judgment: Compliant

### Regulation 28: Fire precautions

The provider had appropriate monitoring of the fire safety precautions and procedures within the centre. Fire drills were completed that included night time simulated drills to reflect night time conditions. Records documented the scenarios created and how staff responded. Staff spoken with were clear on what action to take in the event of the fire alarm being activated. Each resident had a completed personal emergency evacuation plan in place to guide staff. Appropriate documentation was maintained for daily, weekly, monthly and yearly checks and servicing of fire equipment. Annual fire training had taken place in 2021 and was attended by staff.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Care plans reviewed on the day of inspection were personalised and updated regularly and contained detailed information specific to the individual needs of the residents. Comprehensive assessments were completed that informed the care plans.

Improvement was required to ensure that care plans were developed in consultation with the resident and/or their family members.

Judgment: Substantially compliant

### Regulation 6: Health care

The inspector found that residents had access to appropriate medical and allied health care support to meet their needs. Residents had a choice of general practitioners (GP).

Visiting by health care professionals had resumed at the time of inspection. Services such as tissue viability nurse specialists, speech and language therapy and dietetics were available when required. The inspector found that advice given was acted upon which resulted in good outcomes for residents. The non compliance found with the accessibility of appropriate equipment to meet all residents care needs is actioned under regulation 9 residents rights.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

A review of restrictive practices, staff knowledge and practice was required to ensure that where restraint is used it is only used in accordance with national policy. From a review of resident files the inspector found clear evidence whereby restraint was in use while awaiting consent from family members of residents to consent for the removal of the restraint.

On the days of inspection the main door into the resident communal area was locked by a keypad. Staff and management confirmed that to date irrespective of a residents cognitive ability the code is not given to any resident.

Judgment: Not compliant

### Regulation 9: Residents' rights

A review of timely access to specialist equipment and follow up in the provision of same was required to ensure that residents rights to avail of opportunities to participate in activities in accordance with their interests and capacity was met.

Judgment: Substantially compliant

## Appendix 1 - Full list of regulations considered under each dimension

This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended) and the regulations considered on this inspection were:

Regulation Title	Judgment
<b>Capacity and capability</b>	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 9: Residents' rights	Substantially compliant

# Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0034549

Date of inspection: 15/10/2021

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>S-The PIC is currently recruiting Domestic staff to implement the increase in House Keeping hours at the weekend to the same level as during the week.</p> <p>M-Through review of roster</p> <p>A-Domestic staff have been recruited-awaiting Garda Vetting</p> <p>R-Realistic</p> <p>T-Induction will commence once Garda Vetting has returned as all other paperwork is in place</p>	
Regulation 3: Statement of purpose	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 3: Statement of purpose:</p> <p>Statement of Purpose has been amended to include:</p> <p>All areas of the building on the floor plan</p> <p>The WTE staffing compliment for eighty residents</p> <p>CCTV has been removed for SOP</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>S-An audit of the care plans has taken place since inspection-Communication with nurses to ensure they are aware of the requirement to involve residents and families in the Care planning process throughout their time in St Michaels Nursing Home</p> <p>M-Through training and Audits</p> <p>A-BY nurses supported by CNMs and Senior staff nurse</p> <p>R-Realistic</p> <p>T-15/10/2021-Clinical Governance Workshop scheduled for Nov 11th 2021. All nurses have been furnished with a copy of the HIQA regulations and The Code of Professional Conducts and Ethics for reference</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>S-An audit of restraint has taken place-Residents only and MDT involved in same.</p> <p>M-Through audits and reviews</p> <p>A-By PIC and nursing staff</p> <p>R-Realistic</p> <p>T-Daily ongoing review of restraint-St Michaels aims to discontinue all restraint that is no longer required by an individual resident</p> <p>S-The PIC has placed the keypad code for the main day room under the keypad. Residents with cognitive ability going forward will be given same on a keyring to allow them free access in and out. The measure is to be discussed at all advocacy meetings going forward.</p> <p>M-Through ongoing review of residents cognition and also on admission</p> <p>A-By PIC and all staff in St Michaels Nursing Home</p> <p>T-18/11/2021-Ongoing-Review of residents cognitive abilities reviewed daily</p>	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>S-Residents In St Michaels have access to Multiple Disciplines, same is offered inhouse or appointments are arranged for residents externally. If St Michaels are unable to</p>	

arrange a resident to be reviewed by a public MDT all measures will be taken to arrange same privately.

M-Through ongoing review and communication with MDTs and residents

A-By PIC and MDTs

R-Achievable with ongoing robust communication with Residents and MDTs

T-Residents to be reviewed daily by nursing staff to ascertain if they may require involvement or referral to MDTs

## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	19/11/2021
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	21/10/2021
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/10/2021

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Not Compliant	Yellow	31/10/2021
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	31/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	18/10/2021