



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

Issued by the Chief Inspector

Name of designated centre:	Riverstick Care Centre
Name of provider:	Sunacrest Limited
Address of centre:	Riverstick Nursing Home, Curra, Riverstick, Cork
Type of inspection:	Unannounced
Date of inspection:	01 November 2023
Centre ID:	OSV-0008228
Fieldwork ID:	MON-0041295

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	86
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 1 November 2023	17:55hrs to 21:50hrs	Ella Ferriter	Lead
Thursday 2 November 2023	07:35hrs to 17:20hrs	Ella Ferriter	Lead
Thursday 2 November 2023	09:00hrs to 17:20hrs	Caroline Connelly	Support

What residents told us and what inspectors observed

Overall, on this inspection residents told inspectors that they were happy living in Riverstick Care Centre and they were supported to enjoy a good quality of life. Residents described staff as kind and caring. Residents were very complimentary of the health and social care they received.

This was an unannounced inspection which was carried out over one evening and one day. The inspector was met by the person in charge and the assistant director of nursing upon arrival to the centre, on the first evening. One inspector spent over three hours in the centre on this evening. They observed care practices, staff interactions with residents and spoke to residents and staff. On day two of this inspection two inspectors were in the centre for a full day. This gave them the opportunity to meet with the majority of residents and gain an insight into their lived experience in the centre. The inspectors spoke in more detail to approximately 30 residents and met and spoke with numerous visitors throughout the inspection.

Riverstick Care Centre provides long term, respite and transitional care for both male and female adults, with a range of dependencies and needs. The centre is located in the village of Riverstick, Co. Cork and is registered to provide care to a maximum of 95 residents. There were 86 residents living in the centre at the time of this inspection. The centre is a purpose-built two storey facility, which has been operating since May 2022. Residents bedrooms are divided into four separate wings named Carbery, Carrighoun, Seandun and Muskerry. The inspectors noted that a proportion of residents living on the first floor of the centre were there for transitional care. The care planned for these residents was a short stay of two to six weeks. All residents living on the ground floor (44), and 14 residents on the first floor, were admitted for long term care.

Residents bedroom accommodation consists of 91 single en-suite bedrooms and two twin bedrooms. The inspectors noted that many of the residents bedrooms were very nicely decorated and homely. Some residents had brought in furniture from home such as dressers and book shelves and had pictures hanging on their walls. Other residents had their own small refrigerators. Residents told the inspectors that this was encouraged by the team of staff and they received assistance to decorate their bedrooms. The inspectors saw that residents' bedrooms had sufficient space to meet their needs including adequate wardrobe and storage space for their clothes and personal belongings.

On the first evening the inspector spent time walking through each unit of the centre. It was noted that the atmosphere was calm and friendly on each unit when the inspector arrived. However, at the change of shift, the inspector noted that the Muskerry unit was very busy and many residents were waiting long periods of time for staff to assist them to go to bed. The communal room in this unit was also unsupervised and the inspector saw that residents who required assistance, due to cognitive impairments were not provided with this in a timely manner. The nurse on

duty was observed to be administering medication, however, due to the increased care requirements of residents at this time, this medication round was delayed and had to be stopped on several occasions. This finding is actioned under regulation 15.

There was a variety of communal areas observed in use by residents over the two days. These areas of the centre were bright, spacious and had comfortable and colourful furnishings. Directional signage was displayed throughout the centre to support residents to navigate their environment. Residents living on the first floor were seen to spend time in the communal areas which included a large dining room, a sitting room and a coffee dock. The coffee dock was observed to be bustling with activity and it was well used by residents and their visitors throughout the two days. Residents using this area throughout the day required minimal assistance and they were observed to be relaxed and reading books and magazines. Residents and visitors were observed helping themselves to drinks and using the coffee machine available. Residents on the first floor had access to a sitting room, and activities rooms and a dining area. The inspectors observed that there was appropriate supervision of residents in all of these areas on day two of the inspection.

Overall, the inspectors saw that the premises was very clean and well maintained. Bedrooms and communal areas were comfortable and homely. However, the centres corridors lacked decor and were clinical in nature, which was not in keeping with residential care. The lighting on the corridors was also observed to be very bright and this could not be turned down or dimmed at night, which may disrupt residents sleep. These findings are actioned under regulation 17.

Residents living in the centre had access to well maintained, secure outdoor space. This was situated to the back of the centre and overlooked the Cork countryside. A secure courtyard could be accessed directly from the sitting room on the ground floor and residents had unrestricted access to this area. Inspectors saw there was a large paved courtyard and seating for residents in this area. Residents told the inspectors they enjoyed using this area especially over the summer. Inspectors saw pictures of a summer garden party that had taken place a few months previously for over 50 residents. Residents on the first floor had access to a balcony off the coffee dock with seating.

The inspectors spent time observing the dining experience on both floors of the centre, which had been enhanced following the previous inspection. Overall, it was seen to be a relaxed, sociable experience for residents. The two dining rooms in the centre were observed to be nicely decorated. Tables were nicely set with tablecloths and nice crockery and menus were available for residents. Residents spoke positively about food and informed inspectors that it had improved over the past few months. Two residents informed the inspectors that management always sought their opinions on the dining and how food could be improved in the centre. The inspectors saw on the morning of day two residents having their breakfast at a time of their choosing. Some residents chose to sleep in and were seen reading newspapers with a cup of tea in the dining areas after 10am.

The inspectors met with a large number of residents during the two day inspection to gain an insight into their experience of living in the centre. Residents spoke very

positively about their life in the centre and many told the inspectors they were facilitated in spending their day how they chose. Residents described how their choice was respected by the team of staff. Inspectors observed nice interactions between residents and staff. It was evident that staff knew residents personal preferences. Overall, the inspectors observed that staff engaged positively and interacted respectfully with residents, throughout the two day inspection.

Visitors the inspectors met with told the inspector they were very happy with the care their family member received and they would go to the management team if they had any concerns. One visitor told the inspectors that visiting was very restricted and it was sometimes difficult to access their family member. The inspectors did not experience this over the two days of this inspection and over 50 visitors were seen to attend on day two. The management team informed the inspectors that visiting during mealtimes was not allowed to facilitated protected dining and they always strove to ensure that visiting was discussed with residents and their families.

Throughout the second day, residents were observed to be engaged in various activities including arts & crafts, music, hand massage, chair exercises and bingo. The inspectors observed that activities, designed to be enjoyed by residents who had communication difficulties or who were unable to participate in general group activities, were taking place. Residents told the inspector that they enjoyed a variety of activities and were facilitated to go out with family and friends. Two residents told the inspector they were not satisfied regarding the limited access to television channels and they had brought this to the attention of management. This had been acted on and installation of additional channels was scheduled in the coming weeks. The inspectors met with the two activity staff members on the day of inspection and they were enthusiastic about their role and it was evident they knew residents very well.

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

Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. Inspectors also reviewed the actions taken by the provider to address issues of non-compliance identified during the last inspection of March 2023. Findings of this inspection were that the provider had implemented and enhanced their monitoring systems. This had resulted in improvements in compliance in training and supervision of staff, care planning, the monitoring of residents healthcare and food and nutrition. Some further action was required with

regards to staffing, the management of responsive behaviors, protection and notification of incidents. These will be detailed under the relevant regulations.

Riverstick Care Centre is a designated centre for older persons operated by Sunacrest Limited, who is the registered provider. The company comprises of four directors, who are also involved in the operation of other designated centres in the country. The provider is represented by a director of the company. There is a clearly defined overarching management structure in place with identified lines of authority and accountability.

The centre is being managed by an appropriately qualified person in charge. They are supported in their role by two assistant directors of nursing, three clinical nurse managers and a team of nurses, health care assistants, maintenance, cleaning, activity, catering, administration staff and a resident advocate. The person in charge reports to the Chief Operations Officer of the company and there was evidence of good oversight and communication systems at each level. There was also the support of a Director of Clinical Governance & Quality, a finance department and a human resource department.

The inspector observed that the number and skill mix of staff on duty during the day time from 8am to 8pm was sufficient to meet the resident's assessed care needs and in consideration of the size and layout of the centre. However, the levels of staff were inadequate at night, which resulted in delays in care delivery and inadequate supervision of residents. This is actioned under regulation 15: Staffing.

Records viewed by the inspectors confirmed that there was a high level of training provided in the centre. Training courses were a mixture of online and in-person training. All staff had received, or were scheduled to receive in the coming weeks, up-to-date mandatory training specific to their roles. A training and development manager worked in the centre three days per week providing on-site training to staff and implementing a comprehensive induction programme. Inspectors viewed a sample of staff files and found that they contained all of the information required by Schedule 2 of the regulations.

There were management systems in place to monitor the quality of care and service provided. The management team collated clinical data such as resident wounds, incidents, weight loss and restraint. Records viewed by inspectors demonstrated that a weekly analysis of key clinical performance indicators was completed. There was an audit schedule in place to support the management team to measure the quality of care provided to residents and findings were disseminated to staff.

An electronic record of accidents and incidents was maintained in the centre. Records evidenced that incidents were investigated and preventative measures were recorded and implemented, where appropriate. One incident had not been reported to the Chief Inspector, as required by the regulations, which is actioned under regulation 31. Complaints were discussed with the person in charge on inspection and records were reviewed. It was evident that an effective complaints procedure was in place. Complaints were investigated promptly, complainants were informed

of the outcome and it was recorded it they were satisfied with the response to the complaint.

Regulation 15: Staffing

There was insufficient staffing levels to meet the needs of residents on the first evening of the inspection. This was particular to one unit where a large proportion of residents required the assistance of two staff to support them with their assessed care needs. There was no staff member allocated to supervise, monitor, and respond to residents needs during periods when two staff were providing care to other residents and the registered nurse was administering medication. These findings were supported by observations on this inspection of residents waiting on care delivery, delays in the administration of medications and inadequate supervision of the communal area.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and mandatory training was up to date for all staff. Staff were appropriately supervised in their roles which had been enhanced since the previous inspection. Staff demonstrated a good awareness of individual residents needs/ Additional training in areas such as end of life care, falls management and care planning were provided for staff.

Judgment: Compliant

Regulation 21: Records

Records were stored securely and readily accessible. A sample of staff personnel files were reviewed by inspectors and they complied with the regulations. There was evidence that each staff member had a vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021. Each registered nurse had evidence on file of the professional qualification and active registration.

Judgment: Compliant

Regulation 23: Governance and management

This inspection found that improved management systems had been implemented following the previous inspection, which had a positive effect on the quality and safety of residents care. There was a clearly defined management structure in place and systems had been enhanced to monitor the service, to ensure that the service provided is safe, appropriate, consistent and effectively monitored.

Judgment: Compliant

Regulation 3: Statement of purpose

The registered provider had prepared in writing a statement of purpose relating to the designated centre and it contained information as set out in Schedule 1.

Judgment: Compliant

Regulation 31: Notification of incidents

One incident as set out in paragraph 7(1)(a) of Schedule 4 was not notified to the Chief Inspector, within three days of its occurrence as required by the regulations. This was in relation to an allegation of professional misconduct by a staff member and required to be submitted as an NF07.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

The centre had a complaints procedure that outlined the management of complaints. A review of the complaints register found that complaints were recorded, acknowledged, investigated and the outcome communicated to the complainant. There was evidence that complaints were analysed for areas of quality improvement and that the learning was shared with the staff.

Judgment: Compliant

Quality and safety

The inspectors found that residents living in Riverstick Care Centre received care and support that was of a good standard and were supported to enjoy a good quality of life. The provider had strengthened management systems and enhanced oversight of residents healthcare and nutrition requirements, since the previous inspection. This had resulted in improvements in the quality and safety of care delivery for residents. Residents reported they felt safe in the centre and were satisfied with the care they received. However, some further action was required in the monitoring of restraint, the premises and protection. These will be detailed under the relevant regulations.

Residents had access to appropriate medical and nursing care in the centre. There were a general practitioner providing medical services to the centre who was available daily and an out-of-hours service was available. There was also availability of consultant geriatricians who were available for consultation for residents discharged under transitional care. There was evidence of appropriate referral to and review by health and social care professionals where required, for example, dietitian, speech and language therapist and chiropodist. A physiotherapist was employed in the centre and a physiotherapy assistant who implemented resident specific programmes. Nurses had access to expertise in tissue viability when required and improvements were noted in the oversight of wound care practices within the centre.

A review of resident care records demonstrated that each resident had a comprehensive assessment of their health and social care needs. This was carried out prior to admission, to ensure the centre could provide them with the appropriate level of care and support. A range of clinical assessments were carried out, using validated assessment tools, to identify areas of risk specific to each resident. The outcomes of these assessments were used to develop an individualised care plan for each resident which addressed their individual abilities and assessed needs. Care plans reviewed were person centred and updated four monthly, as per regulatory requirements.

Resident's nutritional and hydration needs were met. Arrangements were in place to ensure residents received a varied and nutritious menu, based on their individual food preferences and dietetic requirements. Improvements were noted in the quality and presentation of meals and choice was available at every meal.

There was an ongoing initiative to reduce the incidence of restrictive practices in the centre and all staff had received training in responsive behavior management. However, where restraint, such as bedrails, were required, there was not always a comprehensive risk assessment completed with the multi-disciplinary team and resident concerned. This finding is actioned under regulation 7.

Measures were in place to safeguard residents from abuse. Staff had completed up-to-date training in the prevention, detection and response to abuse. Safeguarding issues identified were reported, investigated and appropriate action taken to protect the resident. Safeguarding plans required to be developed for two residents, as detailed under regulation 8.

Medicine management practices observed and described to the inspectors were found to be safe. Nurses maintained a register of controlled drugs, which was checked and signed twice daily, by two nurses. Medication reviews and audits took place on a regular basis. Where medication errors occurred, learning was identified and systems were enhanced if required.

Risk management systems were underpinned by the centre's risk management policy that detailed the systems to monitor and respond to risks that may impact on the safety and welfare of residents. A risk register had been established to include potential risks to residents' safety. The fire safety management folder was examined. Appropriate certification was evidenced for servicing and maintenance. Fire safety training was up-to-date for all staff and fire safety was included in the staff induction programme.

There were opportunities for residents to meet with the management team and provide feedback on the quality of the service. Resident meetings were held and resident satisfaction surveys were carried out. Minutes of recent resident forum meetings reviewed showed that relevant topics were discussed including activities, staff and menus. Residents had access to an advocacy service within the centre on a daily basis and also had access to independent advocacy.

Regulation 10: Communication difficulties

From a review of residents records it was evident that residents who had specialist communication requirements had these recorded in their care plan. Residents were also supported to source enhanced communication devices such as assistive technology.

Judgment: Compliant

Regulation 11: Visits

The registered provider had arrangements in place for residents to receive visitors. Those arrangements were found not to be restrictive and there was adequate private space for residents to meet their visitors.

Judgment: Compliant

Regulation 13: End of life

There were care practices and facilities in place so that residents received end-of-life care in a way that met their individual needs and wishes. Residents had been afforded the opportunity to outline their wishes in relation to their care at the end of their lives.

Judgment: Compliant

Regulation 17: Premises

The inspectors found that action was required to ensure the premises complied with the requirements of Schedule 6 of the regulations. For example:

- corridors of the centre were not suitable decorated. Inspectors observed that there was very limited decor on the corridors of each unit, which made areas of the centre appear clinical, as opposed to homely.
- lighting on the corridors was very bright and could not be turned down or dimmed for residents at night, which may effect or disrupt their sleep.
- there was limited directional signage to aid residents and visitors to find their way around.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Improvements were noted in food and nutrition and in the quality of food since the previous inspection. The management team had implemented a quality improvement plan which was ongoing, and were monitoring residents satisfaction with food provided. There was good evidence of regular review of residents' by a dietitian and timely intervention from speech and language therapy when required. Systems were in place to ensure that residents received correct meals as recommended by speech and language therapists and dietitians. some residents continued to expressed mixed findings in relation to the food and the person in charge was addressing this.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

A review of two residents documentation indicated that when they were discharged from the centre on a temporary basis all relevant information, pertaining to the

resident, was provided to the receiving hospital. This is a requirement of the regulations.

Judgment: Compliant

Regulation 26: Risk management

The risk management policy was seen to be followed in practice. For each risk identified, it was clearly documented what the hazard was, the level of risk, the measures to control the risk and the person responsible for taking action. This register was reviewed monthly, as per the centres policy.

Judgment: Compliant

Regulation 28: Fire precautions

There was good oversight of fire precautions within the centre. Fire evacuation drills of compartments were taking place, specifically with minimum staffing levels. Emergency exits were free of obstruction and clear and directional signage was available at various locations throughout the building. Certificates for the quarterly and annual service of fire safety equipment were available. Daily and weekly checks were recorded, such as the sounding of the fire alarm on a weekly basis.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services and the pharmacist was facilitated to fulfil their obligations under the relevant legislation and guidance issued by the Pharmaceutical Society of Ireland. Medication administration charts and controlled drugs records were maintained in line with professional guidelines. Registered nurses undertook a medication competency assessment during the induction process.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Care plans were initiated within 48 hours of admission to the centre, and reviewed every four months or as changes occurred, in line with regulatory requirements. Inspectors reviewed a sample of residents' files and found that each resident had a care plan in place which reflected each residents needs. Daily progress notes demonstrated good monitoring of residents' care requirements.

Judgment: Compliant

Regulation 6: Health care

The inspectors found that residents' overall healthcare needs were met and that they had access to appropriate medical, nursing and allied healthcare services. There was evidence of regular medical reviews in residents files.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Action was required to comply with this regulation evidenced by the following findings:

- where bed rails were in use for one resident the inspectors found there was absence of an appropriate risk assessment and bedrails were deemed to be inappropriate for this resident. This was necessary to ensure risk was being appropriately assessed and the use of bedrails was being monitored to prevent the risk of injury to the resident.
- inspectors saw and were also informed that there was not appropriate supervision of residents who walked with purpose in the centre. There were a number of reports of residents entering other residents bedrooms without invitation which was upsetting and unsettling for some residents.

Judgment: Substantially compliant

Regulation 8: Protection

From discussions with staff and review of residents records it was found that two residents required safeguarding plans to be put in place. This was necessary to ensure that there were protective measures identified and actions planned to mitigate risk.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents' rights were upheld in the designated centre. Inspectors saw that residents' privacy and dignity was respected. Residents told inspectors that they were well cared for and that they had a choice about how they spend their day. There was an advocate working full time in the centre available to residents and an independent advocate service referral system. Residents had access to Internet, radio, newspapers and television.

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 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	Compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Compliant
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Riverstick Care Centre OSV-0008228

Inspection ID: MON-0041295

Date of inspection: 02/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full review of resident dependency and staff allocation is underway with the PIC and the clinical team to ensure that residents care needs can be met in a timely and supportive environment. Team supported by DCGQR. Allocation and Dependency reviewed weekly with PIC and DCGQR to support and ensure compliance. Staff allocated to support the unit during the medication round and when 2 staff required to assist residents is in place. 	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: To ensure compliance the PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The PIC will review all incidents within 48 hours and ensure any notifications are submitted within the 3 working day time period. • The DCGQR will also review and ensure compliance. 	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: To ensure compliance the RPR will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A design plan will be put in place to decorate the corridors to ensure a homely environment is achieved. • Directional Signage is under review to ensure residents and visitors can easily navigate the center. • Our agreed preventative Maintenance Company have been instructed to carry out lux level testing in the main corridors. As soon as this testing is completed we can assess lighting levels required versus current lighting levels. Lighting levels can be then reduced if there is scope to safely do so. The light fittings installed cannot be dimmed but It may be possible to remove a number of standard fittings. 	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: To ensure compliance the RPR and PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • A full an comprehensive review of the use of bedrails has taken place and all residents that require the use of a bedrails following assessment and trial of alternatives is now in place., A ViCarity audit is completed by the Clinical support team to ensure compliance. Resident use is reviewed with the PIC at their clinical meetings with staff and again during the health and safety meetings. • The DCGQR and Compliance ream will complete an over view audit on quarterly basis of the internal audits that take place within the home. • The staff allocation and dependency needs have been reviewed. The Allocation sheet clearly now identity’s residents that have a tendency to walk with purpose and the staff allocated to supervise and support them. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection: To ensure compliance the RPR ad PIC will have the following in place and implemented and actioned as required:</p> <ul style="list-style-type: none"> • The two residents identified at the time of the inspection now have a full and comprehensive care plan in place that supports their safeguarding needs. The PIC and 	

DCGQR will review each resident identified as having a potential safeguarding concern and ensure a plan is in place and implemented.

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	15/12/2023
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	28/02/2024
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	Substantially Compliant	Yellow	15/12/2023

	the Chief Inspector notice in writing of the incident within 3 working days of its occurrence.			
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.	Substantially Compliant	Yellow	15/12/2023
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Substantially Compliant	Yellow	28/02/2024
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Substantially Compliant	Yellow	15/12/2023