



**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

Name of designated centre:	Bellvilla Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	18 August 2021
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0033948

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is registered for 49 beds. This residential care is provided in a single-storey premises located in south Dublin city. Residents had recently returned to the centre after a period of premises extension and internal renovation. The building was divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service was also operated on the site but did not require entering the long-term residence to access. This service was currently suspended due to the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	44
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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 18 August 2021	09:00hrs to 17:00hrs	Michael Dunne	Lead
Wednesday 18 August 2021	09:00hrs to 17:00hrs	Helen Lindsey	Support

What residents told us and what inspectors observed

Inspectors spent much of the inspection in the three units of the centre speaking with residents, staff and observing current practice. Residents who were able to mobilise independently were seen to be moving around and spending their time where they chose, for example in the garden, or in the activity rooms. Other residents were dependent on staff taking them to different areas, and inspectors observed that during the morning period a number of residents were seated in groups along corridors for long periods of time waiting for staff to be free to move with them to the communal areas of the centre.

Inspectors spoke with residents on all of the three units that comprised the designated centre, Katie Barrett, Kitty Kiernan and Rosie Hackett. There was a theme of frustration however from a small number of residents about the restrictions that had been in place during the COVID-19 pandemic and the sense of them being ongoing. A number of residents also expressed their gratitude to the staff team for supporting them through the pandemic and for arranging the vaccination roll out in the designated centre. Some residents said they had a sense of relief at having been vaccinated.

This was an unannounced inspection and on arrival the inspectors were guided through the centres COVID-19 checks and protocols prior to entering the designated centre. The inspectors met with an assistant director of nursing to discuss the format of the inspection and to request documentation to aid the inspection process.

Records showed residents were receiving visitors in the centre, and were being supported to access the local community with family, or sometimes staff. Families were seen to be visiting in the centre, and feedback given was positive about the arrangements in place. There were visiting facilities available on each of the three units. Records also indicated that the registered provider communicated with families concerning visiting arrangements during the COVID-19 pandemic. Residents spoke about the pleasure of seeing their families, including children coming back in to the centre.

On the day on the inspection the dining room was arranged for residents to be able to enjoy the dining experience in a dedicated facility, however inspectors observed a number of large boxes and other items stored on some of the tables which hampered residents using these tables. The registered provider had introduced a system where residents from each of the individual units had an allocated day where residents from that unit could access the dining room facilities. The registered provider explained that this system was in place to mitigate against the possible spread of infection from one unit to another but also meant that residents had restricted access to the centre's dining room.

Residents were seen to be having their breakfast in their individual units, however there was no specific dining space available for residents to use in these areas. As a

consequence Inspectors observed food trolleys containing used food items located in the same areas where residents were having their breakfast.

All residents seen throughout the day appeared to be well dressed and were wearing appropriate clothing and footwear. Residents mobility equipment was clean and in good condition. There were improvements seen regarding the storage of mobility equipment. The centre was clean and odour free with communal areas tastefully furnished and available for residents to use.

Inspectors observed good adherence to infection prevention and control protocols among the staff team which was supported by relevant signage and information on how to maintain a safe and clean environment.

The next two sections of this report will focus on the findings in relation to governance and management arrangements in the designated centre and on how these arrangements impacted on the quality and safety of the service delivered to the residents.

Capacity and capability

The governance and management arrangements in the designated centre were well defined. Oversight arrangements however needed to improve to ensure that the quality and safety of care and welfare services were consistent and in line with the centres statement of purpose. While there was a strong commitment from staff and managers to deliver a quality service and to achieve good health and social care outcomes for residents, a number of improvements were required to achieve this.

While there were systems and processes in place to monitor key performance areas, the oversight of information collected was not being used effectively to identify risks and areas for improvement. For example, audits to monitor the suitability and effectiveness of care plans did not always identify changes to residents presenting care needs.

Bellvilla community nursing unit is located off the south circular road in the centre of Dublin. The registered provider is the HSE (Health Service Executive). There was a person in charge in position who was assisted in their role by two assistant directors of nursing, clinical nurse managers, registered nurses, health care assistants, catering and household staff. Support was also provided from allied healthcare professionals and a social worker on a part time basis.

This inspection was carried out to assess compliance with the regulations under the Health Act 2007. In addition, inspectors followed up on the progress of two external investigations regarding safeguarding concerns that had occurred in the centre. The management team informed the inspectors that both external investigations were near completion and would be forwarded to the Chief Inspector upon receipt.

Oversight arrangements regarding safeguarding concerns within the designated centre required improvement to ensure that when concerns arose that they were dealt with in a timely and effective manner. Inspectors were not assured that there were robust processes in place to review and identify learning from safeguarding concerns however it was acknowledged that the registered provider was keen to improve current practice and to ensure a safe service was consistently provided.

While there were many examples seen throughout the day where residents were in receipt of person centred care from the staff team, nevertheless a culture had developed on the three units where residents were not supported to access communal areas until 11am or in some cases later in the day. This had an adverse impact on residents right to access communal areas of their home and to spend their day as they chose.

There was a programme of audits in place to monitor the quality and safety of care delivered to residents. Results from these audits indicated that actions were required to improve performance but it was not clear what measures had been put in place to address these issues, as a result subsequent audits indicated the same issues identified previously, for example restraint audits carried out in January and March 2021 identified similar improvements that were required to update resident care plans and assessment tools.

The overall management and analysis of information collected required improvement. While there were training records in place they were inconsistent and did not present a clear picture as to who had completed training across the three units. Similarly the submission of monitoring notifications required improvement to ensure that they provided information in the format that was required and within the required timescale.

Records reviewed on inspection found that complaints were well managed in the centre. All the complaints recorded on file for 2021 had been resolved in line with the designated centres policy on complaints.

There was evidence seen which indicated that the registered provider had conducted a resident satisfaction survey and a relative satisfaction survey in 2020 in order to identify areas of good practice but also to identify areas of the service that needed improvement. The registered provider indicated that there was an annual review of the quality and safety of care delivered to residents which incorporated information from these surveys however this report was not available for inspectors to review during the inspection.

Regulation 15: Staffing

The registered provider ensured that there were sufficient numbers of staff available with the required skill mix to meet the needs of the residents. The registered

provider had increased staff numbers at night time to ensure that residents had access to timely support from the staff team. Inspectors noted that there was a high vacancy rate for health care assistants which the registered provider was attempting to address. The allocation of staff in the morning required review as it was impacting on residents having access to communal areas within the home. This is discussed further under regulation 9 resident's rights

Judgment: Compliant

Regulation 16: Training and staff development

While there was a comprehensive programme of training in place which incorporated both mandatory and supplementary training there were inconsistencies noted in the records given to the inspector to review. There were no training records made available for inspectors to review other than those for nurses and health care assistants.

The inspector reviewed training records for the three units in the designated centre however these records indicated that managers of these units collated and recorded staff training records in a different manner. For example, one unit had recorded staff attendance at online Infection prevention and control training while other units were found not to record this training.

A number of staff across all of the different units required refresher training in manual handling training. Three staff were outside of the three year mandatory training programme while four staff were identified as requiring refresher training in October 2021.

Three members of staff on one unit required upto date mandatory safeguarding training.

Other mandatory training records presented to inspectors to review showed that all staff were upto date with their fire safety training.

Judgment: Not compliant

Regulation 23: Governance and management

While there were many examples found on inspection which indicated that care was delivered to a high standard there were also examples found where management systems and oversight required further strengthening to ensure that residents

received positive health and social care outcomes on a consistent basis. For example

- A review of staff allocation to ensure that task orientated duties did not negatively impact on residents having access to communal areas within the designated centre.
- An analysis of the dining experience for residents was required to ensure that they had access to appropriate dining facilities
- A review into the use of information collected to improve the resident lived experience i.e the implementation of action plans arising from audits to improve practice.
- A consistent and timely approach to investigating safeguarding concerns.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

The registered provider was aware of the requirement to submit notifications to the Chief Inspector as set out in Schedule 4 of the regulations, however there were examples found where notifications were submitted outside of the the three day notice period. In addition information contained in notifications submitted often required additional follow up as they did not contain sufficient information for them to be processed.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy in place for making formal complaints which was consistent with relevant legislation and regulations. The complaints policy was advertised in a prominent location and guided the reader through the steps to take to lodge a complaint with the registered provider.

Records relating to complaints indicated that the registered provider received 15 complaints up to August 2021 with all complaints investigated according to the complaints policy.

Judgment: Compliant

Quality and safety

Residents well-being and welfare was maintained by a good standard of evidence based care and support. Several residents told the inspector that they were content living in the centre however not all residents were receiving a person-centred service.

The centre was transitioning out of the national restrictions that had been in place during the COVID-19 pandemic. Visitors were seen in the centre, and residents expressed they were pleased this was now possible. There were a range of places where residents could meet in private, and some chose to use the outside space.

The premises were well maintained overall, and improvements had been made to storage, and also the presentation of the outside areas. Residents were seen to be enjoying the nice weather by spending time in the brightly coloured courtyard that was well presented and decorated with bright flowers.

Infection control processes and procedures were seen to be in place, and staff were observed to be following good practice in relation to the use of PPE (personal protective equipment). Cleaning staff were very knowledgeable about cleaning methods and routines, and the centre was clean throughout.

Some residents in the centre were able to express their views, while others were not able to verbally describe their lived experience. Inspectors spoke with residents who wanted to engage with them, and spent time observing practice in each of the three units.

Inspectors observed in each of the units that there were long periods of the day for some residents where there was little or no meaningful activity taking place. For example one seating area in Katie Barret was a walk way through to other bedrooms, the nurses station and the outside seating area. Residents sitting in this area were seen on arrival at the centre at 9.30 in the morning and remained there at the end of the inspection. Short periods of engagement had been offered, such as a game organised by the activity staff. Many of those residents were not able to engage independently with their environment, and so relied on staff engagement.

On occasion inspectors noted there were practical tasks being carried out that did not take account of the impact on residents. For example a food trolley was left in the middle of the sitting area in Katie Barret, meaning residents were looking at used breakfast dishes. When asked, staff said this was the routine while the dining room was not in full use. Residents were gathered in small groups in the corridor in two of the three units waiting for staff to finish tasks in the unit before being supported to access the main communal areas of the centre. They were seen to be waiting in these areas for over 2 hrs. A number of the residents took their breakfast while waiting on the corridor. At the time of the inspection, while the dining room was reported to be in use for one unit each meal time, this meant other residents did not have a designated area to eat their meals, other than their bedroom, or the corridor seating areas. The dining room was not used by any residents in the morning on the day of the inspection.

Records reviewed by inspectors showed examples where residents preferences and preferred routines were not being fully respected. Some residents felt they had to

wait for staff to be able to undertake tasks, for example waiting to go outside/ come in from the courtyard, or to go shopping in the community. Records showed other residents had felt restricted on entering the centre in relation to access to purchasing personal items as they were not able to follow their usual routine of going to their local shop due to isolation procedures. In part these concerns arose due to COVID-19 restrictions, however going forward, now that restrictions nationally are being reduced, this must be reflected for residents.

There were activities being provided in the sitting room and in the activity room, however only small numbers of residents were taking part. Some residents expressed that they were not interested in the activities taking place. Records to detail what meaningful activity residents had been engaged with were not consistently completed, and did not provide detail about how involved the person had been, or how much they enjoyed it. This made it difficult to review if the activities program was effective for meeting the residents needs.

Regulation 11: Visits

Residents were supported to receive visits from their families and friends. Each of the three units within the designated centre had a room set aside to receive visitors. All visitors to the designated centre were asked to confirm their COVID-19 status, had their temperatures taken and were asked to follow infection, prevention and control protocols during the visit. There was communication seen between unit managers and families keeping them up to date regarding the changes to visiting throughout the pandemic.

Judgment: Compliant

Regulation 17: Premises

The centre was clean and well decorated with some areas styled on a reminiscence theme. There were many other areas in the centre which provided a bright and interesting environment. There were also photographs and information about local areas in Dublin which was familiar to many of the residents. Residents bedrooms were personalised with their own possessions and small items of furniture.

Storage arrangements had improved since the last inspection, and bathrooms were found to be clear spaces with easy access to the facilities.

Work had been completed on the outside areas. There was a courtyard for one of the units which residents were seen to be enjoying. It had been painted and decorated with flowers. There was a range of furniture in seating groups. Along the other sides of the centre bedrooms had a view over a full flower bed, with the

planting having height so it could easily be viewed from the bedrooms.

Some maintenance was required through the premises, which the provider confirmed was in progress.

Judgment: Compliant

Regulation 27: Infection control

There was a COVID-19 preparedness plan in place which contained contingencies for the management of the centre in the absence of the person in charge.

Inspectors observed adherence to effective infection, prevention and control protocols by the staff team, visitors and residents. There was hand hygiene signage displayed throughout the centre. Alcohol hand rub containers were located throughout the building and were refilled when required.

Staff confirmed attendance at relevant training and found this useful in their efforts to maintain an infection free environment. There were records in place which confirmed a robust cleaning program was in operation at this centre which had oversight from relevant personnel.

This included a number of daily and weekly checks on the units and included the cleaning and maintenance of cleaning and sluicing equipment.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Although there were a range of care plans in place to meet the assessed needs of the residents there were examples seen where care plans did not fully reflect residents current needs.

Daily notes showed some examples of ongoing issues for residents that were not then reflected in a care plan, for example pain management.

While care plans were reviewed every 4 months, some records showed changes in residents needs that were not then reflected in the care plan. For example changes in weight and PRN (as required) medication.

Judgment: Substantially compliant

Regulation 6: Health care

There were clear records of the nursing care provided to residents. Residents were monitored by the nursing staff, and a set of nursing tools were used to assess risk and identify any changes to residents needs.

There were links with local general practitioners (GPs) who completed assessments when residents were admitted to the centre, and attended the centre regularly to assess and treat residents.

There was a multidisciplinary team who met on a regular basis to review residents ongoing plan of care, and this included an occupational therapist and physiotherapist.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There was a policy in place setting out how restrictive practices were to be managed in the centre. This included a thorough risk assessment and approval process through a multi-disciplinary team before any restrictions, such as bed rails were put in place. Records showed they were reviewed every four months or more frequently as required.

There was a restraint register in place, but it did not reflect all of the restrictions that inspectors observed to be in place. This included some locked doors, and the holding of some residents cigarettes.

While some care plans reflected the path followed to current restrictions, such as the alternative methods trialled and how to most effectively engage with residents, this was not consistent. Examples were seen where additional equipment had been included but existing plans did not reflect it. Also a case where staff explained a PRN (as required) medication had been changed to a regular medication, but the care plan did not reflect this.

Judgment: Substantially compliant

Regulation 8: Protection

There was a policy in place which gave guidance to staff on the assessment, reporting and investigation of any allegation of abuse. Staff spoken with in the course of the inspection were able to express the steps they would take in dealing

with an allegation of abuse which aligned with the designated centres policy.

Inspectors were informed that all staff in the centre were attending additional safeguarding training to enhance their knowledge in this area. Discussion relating to how safeguarding concerns were managed previously is discussed in the capacity and capability section of this report.

Judgment: Compliant

Regulation 9: Residents' rights

While there were facilities for meaningful occupation, inspectors observed some residents were not engaged in their environments or through communication for significant periods of time.

Examples were seen where some routines were not focused on the experience of residents, for example periods of time when residents were seated along corridors while staff met the support needs of other residents.

Residents who required support to access communal areas particularly after breakfast time had to wait for long periods of time until staff were available to support them.

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	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bellvilla Community Nursing Unit OSV-0000438

Inspection ID: MON-0033948

Date of inspection: 18/08/2021

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
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • ADON/Education officer to collate all staff training in one single format. • Catering manager to submit a copy of detailed training records relating to catering staff to the ADON/Education officer for HIQA inspector reviews. • Refresher manual handling and safeguarding training scheduled to facilitate staff completing their training and ensure that all Mandatory trainings are up to date. • Staff whose trainings are out of date were scheduled to have trainings attended in MCU during October, 2021. 	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A number of actions were generated to ensure the task orientated duties had a positive impact on residents access to the communal areas: <ol style="list-style-type: none"> a. After morning intimate care is complete residents encouraged to the dining room for their breakfast unless they choose to eat in their rooms. b. Staff facilitate and assist residents who choose to eat in their rooms. c. Staff bring residents to their respective communal areas, Day room, Physio room or the Activities as they wish, after breakfast. d. Residents are supervised by staff, activities staff or OT assistant as the case may be in their communal area. e. Residents will participate in activities in accordance to their interest, capabilities and or 	

capacity.

f. Residents have access to the courtyard and they are monitored by a staff when smoking is requested in the courtyard.

g. Residents who wish to go for shopping on their own are facilitated after been risk assessed and discussed by MDT.

h. Residents who are not able to go out on their own are escorted by a staff member or a family member.

i. Storage boxes are out of the dining room so that residents can have an enjoyable dining experience.

- Strategies to improve access to appropriate dining facilities:

a. The dining room is opened all day and snacks provided for residents.

b. Staff have access to the dining room during the night if residents request snack.

c. Food trolleys are removed from the ward as soon as residents' meal time is over and brought to the kitchen.

- Information Collected to improve residents living experience is utilized in the following areas:

a. All audits and meeting outcomes are submitted to the ADON's office, results and action plans are taking into consideration, changes implemented and reviewed for effectiveness.

b. Auditor/QPS meeting chairperson to ensure action plans are completed by the person responsible within the stipulated time frame.

c. Once outcome is completed, outcome sheet is attached to the minutes of the meeting and same is reviewed for effectiveness.

d. Night CNM2 audit Nursing Care Plans to ensure that they are updated every 4 months.

e. All staff have attended Fire training and Fire drills. Staff go over Fire Drills and Fire training every weekends as part of weekend duties.

- Certain actions have been delivered to promote a consistent and timely approach to investigating safeguarding concerns:

a. All staff attended Safeguarding Vulnerable Adults training in September 2021.

b. Safeguarding concerns are discussed at daily team briefings if there is any.

c. Weekly MDT has been modified to discuss safeguarding concerns so that staff can be familiarized with the relevant policy and protocols.

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:

- Managers in BCU reminded of their requirements to follow HIQA guidelines strictly around submitting notifications, giving robust information as required.

- Managers reminded of their requirement in any occurrence of events they must notified

within 3 days as stipulated

- If there is any training available on these requirements, managers will be facilitated to attend.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

- CNM2 on night duty tasked to audits care plans and liaise with the named Nurse allocated for each resident to review and update care plans to ensure they fully reflect residents' current needs.
- All staff on duty advised to ensure daily notes reflect immediate care needs of residents and care plans amended in accordance with changing requirements by the nurse on duty instead of waiting for named nurse to complete.
- Ward Managers to ensure named nurses regularly review their key residents and follow up on weights, medications, pain management, change in care and update the care plan as required and not based on a four monthly review.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

- Restraint register updated to reflect current restrictions in place
- Residents have access to the courtyard and the gardens both day and night for smoking with close monitoring by staff.
- Residents with responsive behavior will be managed in a consistent manner that is that applies the most effectively engaging approach to resident that was least restrictive in nature.
- Resident's cigarettes are given as requested with consideration of cognitive ability,
- All care plans are amended to reflect the path followed to current restrictions and reviewed as per relevant restrictive practice policies.
- Restraint Policy in-house training to commence at ward level to all staff this October.

Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> • The rights and diversity of each resident are respected and safeguarded. • Managers will ensure and respect privacy and dignity of residents. • Residents will be allowed to exercise choice and have their needs and preferences taking into consideration in the planning and design of their care. • Managers will ensure and monitor that safe, appropriate, consistent and effective service is rendered. • Staff are encouraged to engage residents in their environment or through meaningful communication and activities • The dining room is opened all day and snacks provided for residents • Residents have access to the courtyard and the gardens both day and night for smoking with close monitoring by staff. • Activities staff will develop and review daily social activities to ensure they are aligned with the residents varied interest, capabilities and capacity to promote meaningful engagement 	

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	10/10/2021
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	18/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	20/09/2021
Regulation 31(1)	Where an incident set out in	Substantially Compliant	Yellow	20/09/2021

	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.			
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	13/09/2021
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	04/10/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	06/09/2021
Regulation 9(3)(d)	A registered provider shall, in so far as is	Substantially Compliant	Yellow	06/09/2021

	reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.			
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