



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

Issued by the Chief Inspector

Name of designated centre:	St Gabriel's Nursing Home
Name of provider:	SGNH Limited
Address of centre:	Glenayle Road, Edenmore, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	09 August 2022
Centre ID:	OSV-0000174
Fieldwork ID:	MON-0037600

About the designated centre

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

St. Gabriel's Nursing Home is located in North Dublin and provides residential and respite care for male and female residents over the age of 18 years. The premises is a 68-bedded facility expanding over two floors consisting of 60 single and four double rooms. The ground floor is called the Jasmine suite and consists of 28 rooms. There are 30 residents in total on this floor all of varying dependency. The top floor is called the Lavender suite and consists of 36 rooms. There are 38 residents all from varying dependency. The designated centre has a reception area with seating space and a sun room, which looks onto one of multiple garden courtyards. Multiple communal living rooms are available for residents to relax, socialise, watch TV, read or participate in activities. The building also features a hairdressing salon, a chapel, large dining rooms, and on-site kitchen and laundry facilities.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	66
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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
Tuesday 9 August 2022	08:30hrs to 17:45hrs	Niamh Moore	Lead
Tuesday 9 August 2022	08:30hrs to 17:45hrs	Deirdre O'Hara	Support

What residents told us and what inspectors observed

From what residents told us and from what the inspectors observed, residents of St Gabriel's Nursing Home received good clinical care from staff who knew them well. Residents were observed to be content in the company of staff, looked well cared for and residents spoken with were complimentary of the care they received within the centre.

On entering the building, the inspectors were guided through the centre's infection prevention and control procedures, by a member of the management team. There was signage located throughout the designated centre which informed staff, residents and visitors of the protocols to follow to reduce the risk of infection such as the wearing of personal protective equipment (PPE), hand hygiene and cough etiquette. However, inspectors observed that a small number of staff were seen to wear hand jewellery or nail varnish and wore their face masks below their noses. This could impact effective hand hygiene and transmission of droplet or airborne infections to residents or staff.

Following an introductory meeting, the inspectors did a walk around the nursing home with a member of management. The designated centre is located in Edenmore, Dublin 5. The building comprises two storeys with resident bedrooms set out across both the ground and first floors, which are accessible by stairs and lifts. The centre provides accommodation for 68 residents in 60 single and four twin bedrooms. Residents have access to en-suites or to shared bathrooms.

Inspectors viewed a number of residents' bedrooms and found they were personalised with family photographs, throws, and decorative ornaments. They were bright and homely spaces with nice furniture and fixtures. A number of residents spoken with said that they were happy with their bedrooms, with the level of cleanliness in the centre and that their rooms were cleaned every day.

Overall, the premises was warm and bright and efforts to create a homely environment were evident. The provider had upgraded a large amount of furniture and flooring in communal areas. The general environment including communal areas, toilets and bathrooms appeared clean with some exceptions. For example, cleaning and hairdressing equipment seen were unclean and there were a small number of chairs and tables in the activity room and conservatory that were stained. This impacted on the visual appearance of the room and the ability to effectively clean these items. The provider informed inspectors that they had plans to replace furniture in communal areas in the near future. On the day of inspection, repainting of corridors on the first floor was in progress.

There was a relaxed and social atmosphere within the centre. Residents were seen to spend time in the numerous communal spaces available to them. There was a separate dining area, activity room, communal spaces, a hairdressing room, a conservatory and an oratory located on the ground floor. There was an additional

communal area available on the first floor which could also be used as a dining space. There were two enclosed courtyards available, which were seen on the day of the inspection to be well-maintained with bright flowers and suitable garden furniture. Inspectors were told that residents were assisted by activity staff to use these areas to grow fruit and vegetables, such as strawberries and tomatoes.

Inspectors observed that alcohol-based hand gel was available on corridors; however, additional dispensers were required at the dining area on the ground floor. There were a limited number of clinical hand-wash sinks dedicated for staff use, which were located in the two clinical rooms. The available sinks did not comply with current recommended specifications for clinical hand hygiene sinks. The provider was endeavouring to improve current facilities and physical infrastructure at the centre through ongoing maintenance and renovations. Inspectors were informed of plans to install further clinical hand-wash sinks to ensure staff had access to dedicated clinical hand washing facilities, within easy walking distance of residents' bedrooms.

Residents who spoke with inspectors praised the staff team with comments such as "you couldn't beat them" Inspectors observed that staff knew residents well and that residents and staff interactions were relaxed, informal and friendly. A number of residents said that they would feel comfortable to speak to staff if they had any concerns or complaints.

Inspectors observed that residents had good access to activities. A social activity calendar was displayed with a wide range of activities available seven days per week. Activities included mass each day, outings and a mixture of group and one-to-one activities. Inspectors observed residents had access to a daily newspaper which was delivered by an activity staff member

Menus were displayed outside the dining facilities. Choices were seen to be offered for the main meal and desert. There was one option available for tea time. Inspectors observed a relaxed and positive dining experience where residents were seen enjoying their meals, being assisted and supervised discreetly by staff. Inspectors also observed residents being asked their preference for their main meal. Overall, feedback on the food was positive with six residents spoken with saying that they were happy with the meals provided. This feedback was also echoed within residents' meeting minutes.

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

The designated centre had a well-organised management structure, which ensured good quality clinical care was being delivered to the residents. However, this

inspection identified that despite the management systems in place to monitor the service, such as audits, these systems did not have sufficient oversight over all areas of the designated centre including, restrictive practices, infection control and fire precautions.

SGNH Limited is the registered provider for St Gabriel's Nursing Home. The management team consists of two company directors with roles such as the chief executive officer and a chief operating officer. The designated centre is part of the Beechfield Care Group and as a result, other management supports were available from this group such as human resources, quality and risk and operations management personnel.

The registered provider had recently recruited a new director of nursing who was on induction on the day of the inspection. The person in charge was supported in their role by the newly recruited director of nursing and a CNM. Other staff resources included staff nurses, healthcare assistants, activity coordinators, housekeeping, maintenance, catering and administrative staff.

Staff had received on-site education and training in infection control practices. All nurses had completed an online course on antimicrobial stewardship to support the infection control program in the centre. The centre had comprehensive guidelines on infection prevention and control, which covered aspects of standard and transmission based precautions, including hand hygiene, PPE, waste management, sharps safety, environmental and equipment hygiene. However, the emergency contingency plan had not been updated since April 2020 and contained outdated information to adequately guide staff in the event of a COVID-19 outbreak.

There were regular management meetings held in the centre such as a weekly director of nursing meeting, quarterly clinical governance meetings and health and safety meetings. These meetings were attended by the person in charge and members of the senior management team. Meeting minutes were reviewed by inspectors and they showed that key clinical information was collected and analysed monthly to monitor the safety and quality of the care delivered to residents. Infection control was monitored at these committees and there was an annual home improvement plan which set out specific targets and actions to be achieved by the provider. While the person in charge was the lead for infection control in the centre, the provider did not have formalised access to an infection prevention and control specialist in place.

Inspectors found that audits were not developing learning and improvements for all areas within the designated centre. For example, the provider's in-house infection prevention and control audits covered a range of topics including waste, use of sharps bins, linen, urinary catheter management, environmental hygiene and hand hygiene facilities. Inspectors saw that almost full compliance was achieved in recent audits. However, disparities between the compliance achieved in local infection control audits and observations on the day of the inspection indicated that local assurance mechanisms did not ensure sustained compliance with infection prevention and control measures. In addition, the care plan audit was not seen to be complete as it had no overall percentage findings and no overall learning

provided to give assurances to the registered provider that care planning systems were effective. Gaps in further auditing processes are discussed under Regulation 23: governance and management below.

There was an accessible complaints procedure available in the centre which was prominently displayed for residents and visitors. This procedure set out the steps to be taken to register a complaint, the complaints officer, an independent complaints officer and indicated the appeals process. The centre had a complaints register and records in place which showed that complaints such as verbal and written were recorded and responded to.

The registered provider had completed an annual review of quality and safety of the service for 2021. However this format included bar charts and not in an easy readable format for all residents. There was no evidence that residents and families' feedback had been sought or incorporated within this review.

Regulation 23: Governance and management

Action was required to ensure there was sufficient oversight of all management systems within the centre. For example:

- The provider had an outdated contingency plan in place to respond to an outbreak of infection which could result in a delayed response by staff.
- Auditing within the designated centre was not driving quality improvements. For example, the restrictive practice audit dated April to June 2022 referred to having assessments in place which were reviewed every four months. This did not reflect findings of inspectors where no restraints assessments were in place for records reviewed by inspectors.

There was no evidence that the annual review for 2021 was prepared in consultation with residents and their families.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Inspectors reviewed a sample of three closed complaints from the centre's complaints register. Records seen confirmed that closed complaints were well managed in the centre. There was evidence of investigation with the outcome and where possible the complainant's satisfaction level recorded. There was also evidence of learning from complaints.

Judgment: Compliant

Quality and safety

Overall, the registered provider was delivering good clinical care to residents, with good access to healthcare observed. Residents' rights were upheld. They had opportunities to participate in activities and there was evidence of good consultation seen. However, this inspection identified that action was required by the provider to respond to issues with care planning, restrictive practice, infection control and fire precautions arrangements within the designated centre.

There is a pre-assessment in place before a person was a resident in the centre, to provide assurance that each residents' individual needs were identified in order to ensure they could be met by the service before their admission. Comprehensive assessments, that included using a range of validated assessment tools relating to needs in areas of mobility, nutrition and skin were completed for residents on admission. Inspectors saw that these validated risk assessments were being used to develop a holistic care plan which included 13 different domains on areas such as nutrition and hydration, mobility, recreation and social, end-of-life care and mood and behaviour.

From a sample of care plans reviewed by inspectors, the majority contained person-centred information and had been reviewed within the last four months. In addition, staff spoken with were knowledgeable about residents needs. However, the care plans for some residents did not reflect their current health care needs; for example, a resident who had two recent falls, care plan did not reflect the second fall which could pose a risk that staff would not be sufficiently guided to provide the relevant care and support to meet the residents' needs. Furthermore, in two care plans viewed for residents with current weight loss, the care plan referenced that they should be weighed monthly. However, based on their current risk of malnutrition they required weekly weights.

Residents had good access to medical and health care services. General Practitioners (GP) attended the centre to review residents twice a week on Tuesdays and Thursdays, or as required. The provider had arrangements in place so that a physiotherapist was available and worked on site two days per week and an occupational therapist was available and worked on site one day per week in the centre. Records showed that when a need was identified, residents had timely access to appropriate reviews and treatments, such as speech and language therapists, dietitian, tissue viability nurses and chiropody services.

There was evidence of a positive approach to the management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). There were appropriate assessments and care plans in place to guide staff when providing support to residents with responsive behaviours.

Records showed that residents displaying responsive behaviours from time to time were managed in the least restrictive manner.

The designated centre had a policy on the use of restrictive practices which was dated in September 2021. The provider maintained a restraints register. There was a low use of restraint within the designated centre, however restraints in place had not been used in accordance with national policy which is further discussed under Regulation 7: managing behaviours that challenge.

Inspectors found that residents' right to privacy and dignity was respected. Inspectors observed respectful interactions between staff and residents on the day of the inspection. Residents have access to radio, television and newspapers. Residents had recreation and social assessments and care plans in place, these detailed residents' hobbies and interests. A range of activities were available for residents with activity personnel available on all seven days of the week. Group activities available included gardening, mass, chair exercises, bingo and sing-alongs. There was also one-to-one activities available to residents, such as a discussion on daily newspaper articles.

Inspectors recognised that the registered provider had completed some renovations since the last inspection in November 2021 to improve the premises for residents. Communal day areas were free of clutter and were bright and clean. There was sufficient outdoor space for residents and these areas were welcoming and homely. Inspectors noted that improvements to the premises were ongoing. Inspectors observed inappropriate storage and wear and tear seen on the day of the inspection.

A small number of residents and staff had contracted COVID-19 during February 2022. The provider was in regular contact with the Health Service Executive's (HSE's) public health department and the local Community Health Organisation team to assist them in their efforts to prevent the spread of this infection.

Inspectors identified examples of good practice in the prevention and control of infection. Staff spoken with were knowledgeable of the early signs and symptoms of COVID-19 and influenza and knew how and when to report any concerns regarding a resident or should they become unwell. While residents were being regularly monitored for signs of respiratory infection, only staff temperatures were taken when staff commenced their shift, which did not align with national guidelines. This was rectified during the inspection to ensure that staff confirmed with their line manager that they did not have any symptoms of respiratory illness before starting their shift.

There were spill kits available in the centre and staff had good knowledge of how to manage blood or body fluid spills and knew what to do should they experience a needle stick injury. There was a successful vaccination program on offer in the centre and vaccines were available to residents and staff. Most of the residents had recently received their fourth vaccine.

While there was evidence of good infection control practice identified, a number of actions were required by the provider in order to fully comply with this regulation.

For example, inspectors observed some inconsistencies in PPE use, effective hand hygiene and the management of waste during the course of the inspection. Inspectors observed cleaning practices were not sufficiently robust. For example, there was dust seen on intravenous trays, cleaner's and hairdressing trolleys and equipment and the sink in the cleaners store was unclean. This meant that they may not have been safe for further use.

The registered provider had contracted a competent person to complete a fire risk assessment in October 2021 where the registered provider had taken action to respond to necessary findings. The competent person recommended a further date for review for October 2022. Some measures were in place to manage the risk of fire, such as a fire safety management policy dated October 202. Staff had up-to-date fire safety training and regular fire drills were occurring including the completion of a fire drill based on the designated centre's largest compartment with night time staffing levels. Despite these measures, inspectors found that further action was required to fully protect residents from the risk of fire. Inspectors observed that some fire doors were not consistently monitored throughout the day of the inspection. Individual residents' personal emergency evacuation plans (PEEPs) did not contain sufficient guidance for staff as details of the assistance required by each resident relating to the number of staff required in the event of an evacuation was not recorded.

Regulation 17: Premises

The premises was appropriate to the needs of residents. Inspectors observed that the registered provider had an ongoing programme of works to ensure the premises met the needs of the residents.

Judgment: Compliant

Regulation 27: Infection control

Inspectors identified inconsistencies in applying standard and transmission based precautions as per standard 2.1. As a result, efforts to prevent and control transmission of infection were restricted. This was evidenced by:

- There were insufficient clinical hand-hygiene sinks available to staff in the centre. The sinks in the clinical rooms did not meet national specifications. Inspectors were informed that staff also used resident bathroom sinks, communal toilets or communal bathrooms to wash their hands. This practice increased the risk of cross infection.
- Six staff were seen to wear either wrist jewellery or nail varnish and four staff wore their face masks inappropriately below their nose when delivering direct

care. This impacted on effective infection prevention and control measures in the centre.

- Tubs of 70% alcohol-based wipes were inappropriately used throughout the centre for cleaning of small items of equipment. This practice could result in surfaces not being cleaned appropriately and possible damage to equipment with prolonged use.
- The surfaces of some equipment were damaged and in a poor state of repair, such as, the dishwasher racks and the wheels of catering trolleys were rusty and the edging of one drug trolley had come away. This could result in ineffective cleaning.
- There were gaps seen in the effective cleaning of equipment including of cloth covered chairs.
- Clinical and household waste was mostly managed in line with national guidelines, with a couple of exceptions. For example, while safety engineered sharp management devices were used for taking blood, they were not used for administering intramuscular injections. Domestic waste, such as used face masks, were inappropriately disposed of in the clinical waste stream at the entrance of the building.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The current systems in the centre did not support effective arrangements for the evacuation of residents. For example:

The provider did not have sufficiently reliable arrangements in place to monitor fire doors and evacuation routes to ensure that they were kept clear of all obstructions. For example:

- Two fire doors were seen to be held open on the day of the inspection.
- Two sets of cross corridor fire doors did not fully close.

Resident PEEPs did not provide enough detail to guide staff on evacuating residents in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The care plans of some residents did not reflect their current health care needs, which could pose a risk that staff would not be sufficiently guided to provide the relevant care and support to meet the residents' needs. For example, in three care

plans viewed for residents with urinary catheters, they did not give clear guidance with regard to the management of urinary catheter bags or clear direction for staff in two wound care plans to prevent infection.

Records of fluid and diet intake were inaccurate. For example, it was recommended by a dietitian that a resident who had recently lost weight have their dietary intake monitored. Records were reviewed and inspectors found these records were not consistently completed in full as there was no overall balance recorded. In addition, some records did not record the quantities consumed.

Judgment: Substantially compliant

Regulation 6: Health care

The registered provider had arrangements in place for residents living in the centre to receive timely access to medical and health and social care professionals.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Restraint used in the centre was not in accordance with national policy as published by the Department of Health. For example, no risk assessment was carried out for sensor alarms to identify if they were the most appropriate measure to put in place. There was also no documented evidence of consent from residents to implement these restraints.

In addition, two bathrooms were seen to be locked during the inspection and therefore restricted residents' access to these areas.

Judgment: Not compliant

Regulation 9: Residents' rights

There was evidence that residents are consulted with and participated in the organisation of the designated centre. Inspectors reviewed a resident survey and the minutes of residents' meetings and saw that the provider had taken actions to respond to any feedback. For example, residents requested more outings having recently been taken on a trip to the local park.

Residents have access to an independent advocacy service with information

including contact numbers displayed around the centre.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially 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	Compliant

Compliance Plan for St Gabriel's Nursing Home OSV-0000174

Inspection ID: MON-0037600

Date of inspection: 09/08/2022

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ol style="list-style-type: none"> 1. The contingency plan has been updated and all staff have been made aware of its contents. Completed 2. New auditing tools have been put in place. For any resident who requires a restraint there is now an assessment completed for same. Completed 3. Going forward the residents and family satisfaction survey will be completed by October each year. These results will be fed into the yearly Annual Review. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ol style="list-style-type: none"> 1. New sinks have been ordered for the home which meet the National Specifications. 2. A meeting was held with all staff to discuss the importance of good IPC. There is a daily IPC lead assigned on each floor. They have a daily discussion explaining the importance of good hand hygiene and appropriate wearing of PPE. This is signed off by the IPC lead and staff nurse on duty. This is checked and verified by the CNM on duty. Completed 3. New universal wipes have been purchased and these are in place around the home. Completed 4. New dishwasher racks have been purchased. The wheels of the catering trollies have been cleaned and the home is awaiting delivery of new wheels. A new drug trolley has been requested from the pharmacy. 5. A deep clean of the cloth chairs was completed by an external company on the 8th 	

September. An updated cleaning schedule is now in place within the home. These will be reviewed in the quarterly audit schedule.

6. New safety IM needles have been sourced and purchased for the home. Completed

Regulation 28: Fire precautions	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions:

1. On the day of inspection, the items were removed from the fire doors. There are now daily checks in place to ensure all fire doors are held open by the appropriate device. These are checked by the nurse on duty and maintenance.
2. The external fire provider attended the home and resolved the issue of the two sets of doors that did not close properly on the day of inspection. This issue is now resolved. There are weekly fire checks done within the home by maintenance. Any issues identified which cannot be resolved locally will be resolved by the external contractor in a timely manner.
3. All PEEPS have been updated and are specific to each resident

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

1. All residents with urinary catheters in place and wounds at the time of the report have had a full review of their care plans. Their care plans now give clear guidance with regard to the management of urinary catheter bags and clear plans around how to prevent infection with the wounds. Completed
2. Any resident with a daily food and fluid chart has the intake reviewed by the nurse at the end of each day. Completed
3. A meeting was held with staff to explain the importance of accurate recording by HCA's and staff nurses. This is checked weekly by the CNM. Completed

Regulation 7: Managing behaviour that is challenging	Not Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

1. A risk assessment has been completed for residents who require any form of restraint. Completed
2. A consent form has also been completed on every resident who requires same. Completed.
3. The doors to the bathrooms are no longer locked. Completed.

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 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	15/09/2022
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	15/09/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	31/10/2022

	published by the Authority are implemented by staff.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	15/09/2022
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	15/09/2022
Regulation 7(3)	The registered provider shall ensure that, where	Not Compliant	Orange	15/09/2022

	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.			
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