



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

Issued by the Chief Inspector

Name of designated centre:	Saint Louis Nursing Home
Name of provider:	Yvonne Maher
Address of centre:	1-2 Clonmore, Ballymullen, Tralee, Kerry
Type of inspection:	Unannounced
Date of inspection:	10 March 2021
Centre ID:	OSV-0000289
Fieldwork ID:	MON-0032281

About the designated centre

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

St. Louis Nursing Home is a two-storey premises based in the town of Tralee and close to amenities such as shops, restaurants, and a library. While it is a two-storey building, all resident accommodation is on the ground floor. The centre provides 24-hour nursing and social care to 25 residents, both male and female, who are predominantly over the age of 65 years. The centre offers long and short-term care, respite and convalescence care. Bedroom accommodation comprises 15 single bedrooms and five twin bedrooms. Three of the single bedrooms are en suite with shower, toilet and wash hand basin. The aim of the nursing home, as set out in the statement of purpose, is to provide a high standard of professional care to residents in a safe and homely environment, while preserving and promoting independence.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	25
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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 10 March 2021	09:00hrs to 17:00hrs	Ella Ferriter	Lead

What residents told us and what inspectors observed

The inspection took place over one day, and the inspector communicated with the majority of the residents living in Saint Louis Nursing Home. From what residents told the inspector, and from what was observed on the day of inspection, it was evident that Saint Louis was a pleasant place to live, and residents were offered choice in how they led their lives.

The designated centre is located in the town of Tralee, and is nicely situated in its own grounds, with a car park to the front of the building. The inspection took place during a period where increased national COVID-19 restrictions were in place. The inspector arrived at the centre and was met by a member of staff. The provider had processes in place to ensure that visitors to the centre adhered to infection protection and control measures, such as the wearing of appropriate personal protective equipment (PPE) and temperature monitoring. However, the inspector was not requested to complete this process on arrival. The inspector had checked their temperature prior to the inspection.

Following an opening meeting, the inspector was accompanied on a tour of the premises, where they met and spoke with residents in their bedrooms. The inspector saw that the residents accommodation and living space is set over the ground floor of the centre, with offices and staff facilities located on the first floor. Bedroom accommodation comprised of 15 single bedrooms and five twin bedrooms. Residents' bedrooms were spacious and comfortable and facilitated privacy and dignity.

The centre was well maintained. Some corridors were currently being prepared for painting, so pictures and decor had been removed. The design and layout of the home promoted a good quality of life for residents. There were a variety of communal spaces for residents to enjoy, including a sitting room, a dining room, a visitor's room and an internal garden. The inspector observed that these were comfortable spaces, and residents were observed using them to watch television, chat together socially in small groups, or partake in activities. Residents had access to an enclosed garden with outdoor furniture and attractive planting. Following the previous inspection signage was required throughout the centre and inspector saw, on this inspection, that it was now in place.

Overall, residents accommodation and space was observed to be clean and tidy. However, the inspector observed staff facilities on the first floor were cluttered and unclean in some areas. Staff were observed to be compliant with COVID-19 standard precautions and the appropriate use of personal protective equipment (PPE). Twice daily temperature checking of residents and staff was observed to be completed, and cleaning schedules had been adapted in response to the national pandemic. Residents were observed to be supported to complete good hand hygiene and cough etiquette practices.

The inspector observed a number of residents' bedrooms and these were observed to be clean, bright, comfortable and homely spaces. There was sufficient storage and seating for residents, and all bedrooms had a television available. A number of residents had personalised their bedrooms with their own furniture, bedding, photographs and ornaments.

Overall, feedback from residents was that the staff were very kind and caring. Residents were seen to be relaxed and comfortable in the company of staff. Staff were observed to speak with residents in a kind, and respectful manner. Throughout the day of the inspection residents were seen mobilising freely around the centre and sat chatting with each other or with staff in the communal room. The atmosphere in the centre was very relaxed. The inspector observed a number of positive and meaningful interactions between staff and residents. Call bells were answered promptly, facilitated by a bleep system that staff carried in their pocket, to identify who required assistance. Staff knocked on bedroom doors prior to opening.

Staff communicated with on inspection were knowledgeable of their role, and responsive to individual residents' needs. Residents knew the person in charge, and said that they were approachable and would immediately address their concerns if they had any. Residents said that they could talk to any staff member if they had any concerns and that they felt safe in the centre.

A number of residents told inspector that they were delighted to have received the COVID-19 vaccine. Residents expressed their desire for life to return to normal. Residents told the inspector that they missed their families and loved ones, and that they were keen for visiting to reopen in the designated centre. The centre had remained free from COVID-19 since the start of the pandemic. In line with public health guidelines, visiting was restricted. The inspector observed that scheduled window visits were available on request and that compassionate visiting was facilitated as required in line with public health guidance.

While residents stated that they found the COVID restrictions difficult, they told the inspector that the staff made sure that they felt safe, particularly with regard to the risk of COVID-19. The inspector observed residents making phone calls to their families, and other residents told the inspector that they speak with their family regularly on the telephone or via video call.

Residents were supported to be a part of the community. One resident told the inspector how they had attended a local creative writing group prior to the pandemic, and staff facilitated the continuation of this group via video calling weekly. They stated that this was so important to them. Other residents had attended local day centres in the town prior to the pandemic, and looked forward to these resuming again.

Residents were complementary regarding the food in the centre. Residents told the inspector that the meals were really nice and that there was always choice. The inspector observed residents' dining experience and found that the dining room had been recently decorated. There were arrangements in place to facilitate social

distancing. Residents were observed enjoying their dinner and being assisted appropriately as required. Some residents chose to remain in their bedrooms for dinner, and this choice was respected.

A large proportion of the residents spent their day in the large sitting room. It had comfortable couches and chairs. It was observed to be a relaxed area for the residents to meet in a safe and socially distanced way. The inspector observed art work on display that had been done for Valentines day. This communal area was supervised at all times and staff were observed interacting with residents in a positive and person centred way. It was evident that staff had good knowledge of residents' personal histories which ensured that their interactions were meaningful. Overall, there was a warm and good-humoured atmosphere in the centre and the inspector witnessed moments of laughter and engagement throughout the day. Residents told the inspector they enjoyed the company of the staff.

Overall, the inspector was satisfied that the residents were happy living in the centre. There was a homely environment in Saint Louis with a strong focus on resident's welfare. Staff and management worked hard to ensure that care was person centred and that residents were supported during a difficult time. There was a relaxed, welcoming atmosphere in the centre and it was evident that residents felt safe and comfortable.

The next two sections of this 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. It will describe those areas that were well managed and in compliance with the regulations and those areas where improvements in compliance was required.

Capacity and capability

This was an unannounced risk inspection to monitor compliance with the regulations. The provider had also submitted an application to renew registration, and this inspection would inform that decision. Saint Louis is operated by a sole trader and can accommodate 25 residents. The centre had a clearly defined management structure in place, with identified lines of authority and accountability. The management team were proactive in response to issues as they arose and improvements required from the previous inspection were generally addressed and rectified. On this inspection, findings were that some improvements were required in training and staff development, medication management, managing behaviors that challenge, infection prevention and control practices and fire precautions.

The person in charge was well known to residents and staff, and facilitated the inspection process. They were knowledgeable, and in the interview with the inspector, committed to ensure residents living in the centre enjoyed a good quality of life and safe, high quality care. At a governance level the person in charge was supported by the registered provider representative who worked full time in the

centre. The person in charge, was also supported by an assistant person in charge, nurses and a staff team of carers, one activities staff, housekeeping, catering and full time administrative support.

This inspection took place during the COVID-19 pandemic. The inspector acknowledges that residents and staff living and working in the centre have been through a challenging time and they have been successful to date in keeping the centre COVID-19 free. The centre was clean and well maintained. A COVID-19 contingency plan included updated cleaning schedules and protocols. The cleaning schedule was in line with the Health Protection Surveillance Centre (HPSC) Interim Public Health, Infection Prevention and Control Guidelines on the Prevention and Management of COVID-19 Cases and Outbreaks in Residential Care Facilities.

There were sufficient resources available to ensure that safe and effective care was provided to the residents. There were appropriate levels of staff available, based on the assessed needs of residents, on the day of inspection. Staff had received training in infection prevention and control, in response to the COVID-19 pandemic. The provider had informed the inspector that staff had mandatory training and certificates were maintained. However, there were not management systems in place to monitor and record training attended by staff, which required review.

There was documented evidence of positive communication between the nurse management and the provider. Meetings were held monthly and on-going risks were discussed. An auditing system was in place and focused on positive quality improvement. The person in charge was collecting key performance indicators and ongoing audits demonstrated improvements in the quality and safety of care. Audits identified areas of improvement and developed an action plan to address outstanding issues.

Records as requested during the inspection were made readily available to the inspector. Records were maintained in a neat and orderly manner, however, they were not stored securely, and could be accessed by any visitor to the centre at the reception desk. There were robust recruitment arrangements in place. A sample of staff files viewed by the inspector were found to very well maintained and contained the requirements of Schedule 2 of the regulations. The management team assured the inspector that all staff had appropriate Garda vetting and no member of staff commenced employment without this in place. However, the inspector found that improvements were required in ensuring the appropriate supervision of staff.

There was a record of all accidents and incidents that occurred in the centre and appropriate action was taken in the review of any resident following a fall. Incidents had been notified to the Chief Inspector as required by the regulations. The provider had a system in place to manage all complaints received in the centre. Complaints were well documented and identified areas of quality improvement.

Regulation 14: Persons in charge

The person in charge had the required experience and qualifications in order to manage the service and meet its stated purpose, aims and objectives. The person in charge was knowledgeable regarding the regulations, HIQA Standards and their statutory responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The number and skill mix of staff was found to be appropriate to the assessed needs of the residents and the design and layout of the centre. Rosters reviewed showed that there was a nurse on duty at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Improvements were required in the monitoring and management of mandatory staff training. In the absence of a training matrix, it was difficult for management to determine current and expired training and to identify any gaps in training. There was an induction programme for new staff. However, the inspector found that where it was identified that increased supervision of staff was required, this was not adequately addressed.

Judgment: Substantially compliant

Regulation 21: Records

All records as requested during the inspection were made readily available to the inspector. A sample of staff files viewed by the inspector were found to very well maintained and contained the requirements of Schedule 2 of the regulations. However, the inspector found that residents personal medical, nursing and medication records were not stored security within the centre. They were stored on open shelving inside the front door, and were accessible to any visitor to the centre. The provider agreed to address this following the inspection.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was an established governance and management team in place, which met and communicated on a regular basis. However, while there were good governance structures in place at corporate level, the oversight processes in place in relation to supervision of staff and monitoring staff training in the designated centre were not sufficiently robust.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notifications required to be submitted to the Chief Inspector were submitted in accordance with time frames specified in the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

A review of the complaints log in the centre found that complaints were documented and managed in line with the requirements of Regulation 34. A centre-specific complaints policy was in place. The complaints policy identified the nominated complaints officer and also included an independent appeals process, as required by legislation.

Judgment: Compliant

Quality and safety

Overall, the inspector found that residents were facilitated to have a good quality of life in the designated centre, with good access to medical and healthcare services. Residents were supported to engage in a meaningful activity programme based around their own interests and preferences, and maintain communication with their loved ones despite the national COVID-19 visiting restrictions in place. However, some improvements were required in relation to infection prevention and control, medication management, fire precautions and managing behavior that challenge which are discussed under the relevant regulations.

Residents' nursing and health care needs were assessed and met to a very good standard. Residents were assured of timely access to medical, health and social care professionals as needed. Local general practitioners attended the centre and provided good support to residents and to staff. Residents were referred for national screening programmes such as breast check and facilitated to attend appointments at local dentists. There was a low incidence of pressure ulcer development in the centre, and skin integrity and nutrition was monitored closely. There were effective systems in place to monitor the health care requirements of residents.

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. However, the inspector found that medication administration charts and controlled drugs records were not maintained in line with professional guidelines, on the day of inspection.

Staff knew residents well and were knowledgeable regarding the levels of support and interventions that individual residents in their care needed. There was evidence of ongoing assessment of residents' needs with corresponding person-centred care plans. A review of the management of residents with responsive behaviours was required, to ensure that the care observed was reflected in the care plans and were not restrictive.

The centre was maintained to a good standard and was visibly clean throughout. Efforts were made to create a homely and personalised environment for residents living in the centre. Additional training in COVID-19 management, Infection prevention and control, hand hygiene and the use of PPE had taken place, as per discussions with management. Hand gel was available throughout the centre. The inspector observed staff using PPE appropriately on the day of inspection. However, some improvements were required in adherence to infection prevention and control best practice, which is discussed under regulation 27.

Certification was evidenced regarding fire safety equipment and daily and weekly fire safety checks were comprehensive. Fire drills were taking place within the centre, cognisant of reduced staffing levels. These were timed and issues were discussed and analysed to improve learning. However, there was no advisory signage displayed in the event of a fire and evacuation of a compartment had not been carried out.

Resident meetings and feedback from questionnaires in 2020 reflected a high level of satisfaction with the care and services provided to them. Residents rights were observed to be upheld. The inspector found that residents were free to exercise choice about how they spent their day. Some residents were observed in the communal areas of the centre while residents spent time alone in their rooms. Residents had access to television radios, newspapers, telephones. Residents were facilitated to practice their religion.

Regulation 11: Visits

As per national guidelines, visiting was prohibited to protect residents, staff and visitors from risk of contracting COVID-19 infection. Visiting was permitted on compassionate grounds and this was not limited to residents at end of life but was based on individual assessments of need. Staff were committed to ensuring residents and their families remained in contact by means of regular window visits, telephone and video calls.

Judgment: Compliant

Regulation 27: Infection control

There were some areas where improvements were required to meet the requirements of good infection prevention and control standards, which included:

- The layout of the laundry required review to ensure appropriate segregation of clean and dirty linen.
- The staff changing facilities were cluttered and some areas were not visibly clean.
- Ensuring that all visitors to the centre are appropriately risk assessed for COVID 19.

Judgment: Substantially compliant

Regulation 28: Fire precautions

On observation it was evident that the procedures to be followed in the event of a fire were not displayed within the centre. A review of documentation in relation to fire drills found that improvements in documentation were noted since the previous inspection. While there were frequent fire drills, these simulated the evacuation of one resident rather than an entire compartment. The provider agreed to commence this immediately following the inspection.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

A sample of administration records viewed showed gaps in cells which require the signature of the administrator. This could not assure the inspector that medication had been administered in accordance with the directions of the prescriber. A review

of nurses signatures in the controlled drug record book which is checked at 08:00 and 20:00, showed that on the day of inspection it had been signed for both times in the morning, which could not assure effective monitoring.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Staff used a variety of accredited assessment tools to support the identification of each resident's needs. The process of needs assessment included identifying each resident's risk of falling, malnutrition, pressure related skin damage, depression and the supports they needed regarding their mobility needs. Residents were closely monitored for any deterioration in their health and well-being or any indication of infection. Care plans were developed to inform the care supports and assistance each resident needed. The information in the sample of residents' care plans reviewed by inspectors was person-centred and was informed by each resident's individual preferences and wishes regarding their care.

Judgment: Compliant

Regulation 6: Health care

There were good standards of evidence based health care provided in this centre. Residents had access to general practitioners to support their healthcare needs. Allied health professionals supported the residents on site where possible and remotely when appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

On review of documentation of residents exhibiting behaviours that challenge, the inspector found, that in all instances the management and response to behaviors were not always approached in a manner that is least restrictive. Care plans had not been completed sufficiently to guide staff with regard to the behaviour, and were not always person centred.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was evidence of resident rights and choices being upheld and respected. Residents were consulted with on a daily basis and formal residents meetings were facilitated. A programme of activities was available for residents, which they spoke positively about. Advocacy services were available as required.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Saint Louis Nursing Home OSV-0000289

Inspection ID: MON-0032281

Date of inspection: 10/03/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>We will ensure all mandatory training is up to date and a plan is in place for future training and that where it is identified that increased supervision is needed this will be addressed. Training which must be carried out as required by the home and in accordance with the Health Act, The Regulations and the National Standards.</p> <p>Training had been suspended because of Covid 19 restrictions; however, training has been booked to start mid-April to comply with Regulation 16.</p> <p>Compartment evacuation training has commenced from the 15th March and is scheduled to continue monthly.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>We will ensure all storage of records are secure.</p> <p>Records previously stored on shelving will be relocated to locked storage that can only be accessed by the relevant staff.</p>	
Regulation 23: Governance and	Substantially Compliant

management	
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>We will ensure the quality and safety of care delivered to our residents is monitored on an ongoing basis.</p> <p>We will ensure processes are in place in relation to supervision of staff and monitoring staff training.</p> <p>We have updated our training matrix to assist in monitoring staff training and booking of training sessions as required going forward.</p> <p>All staff complete an induction 2-day program and for the first week after commencing employment they still will be supervised in their duties.</p> <p>All training will be documented.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>We will ensure that procedures, consistent with the standards for the prevention and control of healthcare-associated infections published by the Authority are implemented by all staff.</p> <p>Infection control training has been booked.</p> <p>Our laundry room is under review to ensure appropriate segregation of linen by purchasing new color coded trolley's for this purpose.</p> <p>Staff changing area is to be updated, painted and re organized. Cleaning sheets have been added to housekeeping sheets.</p> <p>We will ensure that all visitors to the Home are appropriately risk assessed for COVID 19.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <p>We will ensure that the procedures to be followed in the event of a fire are displayed within the Home. We will ensure that Fire drills at suitable intervals are simulated for the evacuation of the entire compartment.</p> <p>Evacuation of compartment training has been commenced since 15th March.</p> <p>Fire procedures maps have been ordered to be placed in rooms.</p>	

Regulation 29: Medicines and pharmaceutical services	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:</p> <p>We will ensure that each resident is protected through the Homes policies and procedures for medicines management.</p> <p>We will ensure that medication is administered in accordance with the directions of the prescriber.</p> <p>At morning and evening handover MDA Medicines are counted by the NOD in the presence of the Nurse going on duty, when receiving nurse is happy all MDA medications are present and correct both nurses sign the register twice daily – MDA book reconciled by 2 nurses. Random audits will be carried out on NOD by the Person in Charge to ensure all 10 rights of medication management are adhered to and findings recorded.</p>	
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:</p> <p>We will ensure each resident experiences care that supports their physical, behavioural and psychological wellbeing.</p> <p>We will ensure that in all instances the management and response to behaviors are always approached in a manner that is least restrictive. Care plans will be completed sufficiently to guide staff with regard to the behaviour.</p> <p>The PiC will ensure that all staff who engage with residents have up to date training on behaviour issues.</p>	

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.	Substantially Compliant	Yellow	20/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	09/04/2021
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Substantially Compliant	Yellow	19/04/2021
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	07/05/2021
Regulation 27	The registered provider shall ensure that	Substantially Compliant	Yellow	28/05/2021

	procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant	Yellow	16/04/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Not Compliant	Orange	18/04/2021
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	Substantially Compliant	Yellow	30/04/2021

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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