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:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	04 June 2021
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0033152

About the designated centre

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

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

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	48

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
Friday 4 June 2021	09:45hrs to 17:30hrs	John Greaney	Lead
Friday 4 June 2021	09:45hrs to 17:30hrs	Noel Sheehan	Support

What residents told us and what inspectors observed

Inspectors arrived unannounced on the morning of the inspection. Prior to entering the centre inspectors underwent a series of infection prevention and control measures which included temperature checks and a declaration that inspectors were free of symptoms associated with COVID-19.

Following an opening meeting the inspectors took a tour of the premises accompanied by a clinical nurse manager. Prior to the day of the inspection, the inspectors were informed that the person in charge was on annual leave.

There was a relaxed atmosphere within the centre and residents were up and moving around. Some residents were observed to be participating in a morning activity and preparing for mass on television, which was due to start at 10:30am. The inspectors met with a large number of the residents present on the day of the inspection and spoke in more detail with a smaller number about their experiences of living in St. Michael's Nursing Home. Overall, residents told inspectors that they had a good quality of life with the support provided by friendly and caring staff.

The inspectors observed one resident walking on the corridor and they told inspectors that they like to exercise. It was observed that the door to the internal garden was locked and could only be accessed through a keypad controlled lock. Inspectors were informed that the door was locked because a strong wind could blow it shut, potentially injuring a resident. At the request of inspectors the door was unlocked and the resident went for a walk outside. The resident later informed inspectors that the door being unlocked enabled him to enjoy walking outside three times that day.

All residents were accommodated on the ground floor of the centre as the upstairs section of the centre was closed due to reduced occupancy level. One wing on the ground floor was also vacant and was reserved for isolating resident as part of the COVID-19 contingency plans, should the centre experience another outbreak.

The general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. A variety of communal rooms are provided on the ground floor of the centre and there was lift access between floors. The garden is large and landscaped to a high standard with numerous plant beds, a water feature and a memorial garden. It has footpaths and a number of garden benches in which residents could sit and relax on a nice day.

Inspectors found that the registered provider had ensured that visiting arrangements were in place in line with the current guidance (Health Protection and Surveillance Centre Guidance on Visits to Long Term Residential Care Facilities). Residents spoke of their delight that visits to the nursing home had recommenced. Residents told inspectors that they enjoyed their food and that there was plenty of it. Staff were seen offering support and encouragement at meal times. Residents

were encouraged to maintain social distancing in the dining room.

There were two members of staff working in the role of activity co-ordinator to provide residents with an activities programme over six days of the week. There was usually one activity person on duty each day but there was usually an overlap on one day, when there were two activity staff on duty. On the day of the inspection the activity staff member on duty appeared to be well known to residents.

Residents had access to local newspapers, radios, telephones and television to maintain lines of communication and keep up to date with current affairs. Residents spoken with confirmed that they felt safe in the centre. Residents reported that they found staff approachable and that if they raised an issue it would be promptly addressed.

Despite all of the positive feedback from residents and relatives, the inspectors identified aspects of the governance of the centre that required improvement.

The next two sections of the report will present the findings of this inspection in relation to the governance and management arrangements in place, and how these arrangements impact on the quality and safety of the service being delivered.

Capacity and capability

St Michael's Nursing Homes a residential care setting operated by the Blockstar Limited. It was registered to accommodate 80 residents. The centre had a history of poor compliance found on the previous inspection of the centre undertaken on 19 and 25 January and 16 February 2021. This unannounced risk inspection was undertaken to follow up on actions required from the previous inspection. While the service demonstrated some improvement since the inspection of January/February 2021 where the registered provider responded to the findings and implemented several improvements, there continued to be areas of non compliance and some repeated non compliance. This was underpinned by the vacancy of the post of person in charge and inadequate deputising arrangements during the period of absence.

These findings had a significant impact on ensuring that the quality and safety of the service was consistently managed and sustainable going forward. These areas of non compliance also included risk management, staff supervision and training. An urgent compliance plan was issued to the provider to address the most serious of these concerns.

Quality and safety improvement systems in the centre were ineffective. Even though data was gathered as part of their quality management system, it was not evident that this information was analysed, trended or utilised appropriately to improve the service; or insight into the potential for this information to influence and improve service delivery. Obvious risks had not been identified by the service and therefore

were not being managed. Key quality indicators such as resident feedback, risks associated with resident smoking and bedrail usage in the centre were not being effectively audited. The service was being provided without any effective safety or quality management system and this resulted in an unsafe environment.

Similar to the previous inspection failings relating to governance and management, the main issues found on this inspection included:

- the post of person in charge was vacant at the time of inspection
- deputising arrangements in the absence of the person in charge were unsatisfactory - staff on duty did not know who was in charge on the day of inspection
- the provider did not have formal plans in train to appoint a person in charge
- the provider failed to inform the Chief Inspector through a statutory notification of the absence of the person in charge
- inadequate oversight of HR practices specifically relating to staff appraisals, performance management and supervision
- poor communication processes and oversight, for example, management personnel were not aware of staff investigation and subsequent performance improvement plan
- management of complaints was not in line with the centre's complaints policy and procedure
- annual review of the quality and safety of care for 2020 was not available
- oversight of auditing and monitoring the service was not effective as audit findings were not analysed, trended, actioned, followed up or information sharing with staff was not evident

An urgent compliance plan was issued following the inspection to ensure that residents safety and their care and welfare was maintained.

The centre had remained free of COVID-19 throughout 2020, but had experienced a significant COVID-19 outbreak in January 2021. Inspectors were mindful that this was a stressful, upsetting and challenging period for residents, their families and staff and that the service was only just emerging from that worrying time. All staff had returned to work and the centre was no longer reliant on agency staff or staff from other centres. This positively impacted care as staff knew residents, their ways and preferences.

On the day on inspection there were adequate staff to the size and layout of the centre and the assessed needs of residents including housekeeping staff, laundry, catering, care staff and activities coordinator. Staff confirmed that they had additional training to support them relating to COVID-19 pandemic such as infection prevention and control, hand hygiene, donning and doffing, PPE. The duty roster for several weeks showed that ongoing training was provided and scheduled for a variety of topics such as fire safety, challenging behaviour, safeguarding and restrictive practice. However, there were a number of gaps in provision of noted in the provision of responsive behaviour training and on line training was not followed up to ensure effectiveness.

The HPSC guidance recommended that a post COVID-19 outbreak review would be undertaken to identify areas for learning and improvement. As this service was subject to a significant COVID-19 outbreak, a review would be invaluable as part of quality improvement. This was requested by the regulator following the outbreak and again on this inspection, and to date, it was not available.

Deputising arrangements for times when the person in charge was absent from the centre, as described in the regulations, were not in place. While the Statement of Purpose stated the clinical nurse managers would deputise in the absence of the person in charge, this was not implemented in practice and staff were not fully aware on the identity of the person now assuming the responsibilities of the person in charge.

The complaints' records were examined. However, the registered provider had not ensured an effective complaints procedure was in place as outcomes or progress status were not detailed. There was no evidence that a comprehensive review of complaints was undertaken to identify key issues or trend the information fed back about the service to enable learning and improvement as part of a quality improvement plan.

The risk register was updated since the last inspection and had identified risks associated with the impact of COVID-19 and additional control measures to mitigate identified risks. For example, risk associated with increased visiting to the centre.

In conclusion, staff positively engaged with residents in a kind, gentle and relaxed manner and quality of care was good. Notwithstanding the additional supports that were in place during and following the COVID-19 outbreak, and acknowledging improvements in some areas since the last inspection, there continued to be areas of significant concern relating to the governance and management of the service.

Registration Regulation 6: Changes to information supplied for registration purposes

There was no person in charge on the day of the inspection. It was evident from records viewed by the inspectors that the person in charge had resigned and had not been present in the centre for three weeks prior to this inspection. The required statutory notification had not been submitted by the provider to the Chief Inspector.

Judgment: Not compliant

Regulation 14: Persons in charge

There was no person in charge of the designated centre on the day of the

inspection. Inadequate deputising arrangements were in place - staff met were unable to identify who was in charge on the day of inspection.

Judgment: Not compliant

Regulation 15: Staffing

The staff roster showed that the number and skill mix of staff was appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Appropriate staff supervision arrangements were not in place. For example:

- where it was identified that staff performance was not at the desired level, additional supervision arrangements were not put in place
- arrangements for formal staff appraisals to ensure staff were consistently delivering safe care to residents were not in place a number of gaps noted in the provision of responsive behaviour training
- inadequate measures were in place to ensure that staff training, particularly online training, was implemented in practice. for example, there was a high level of bedrails in use, which was found to not always comply with the national policy on the use of restraint.

Judgment: Not compliant

Regulation 21: Records

Records were stored securely and readily accessible. A review of a sample of personnel records indicated that the requirements of Schedule 2 of the regulations were met.

Judgment: Compliant

Regulation 23: Governance and management

The inspector found that the arrangements in place to ensure that the service was safe, consistent and effectively monitored were not to the required standard as evidenced by the failures detailed throughout this report including:

- there were inadequate deputising arrangements in place for the oversight of the centre during the absence of the person in charge. While there were nursing managers on duty each day, there was no one designated to assume the responsibilities of the person in charge
- staff were not appropriately supervised, in particular when it was identified that improvement was required in staff performance
- the programme of audits was limited and the results of audits were not used to drive improvement
- the annual review of the quality and safety of care delivered to residents was not available
- a review of the COVID-19 outbreak had not been conducted
- there was inadequate oversight of risk, particularly in relation to residents' smoking and the high level of bed rail usage

Significant improvements were required in relation to the management of smoking. For example:

- there was an inadequate system in place for the supervision of the smoking room
- control measures identified in the risk assessment for one resident which included the wearing of a smoking apron, having a call bell within reach and keeping the resident's cigarettes in the nurses' office were not implemented
- there was evidence of cigarette burns on the furniture in the smoking room. This indicated an increased risk of fire and associated potential injury to residents. This was not recognised by the provider and additional control measures were not put in place to mitigate this increased risk.

Judgment: Not compliant

Regulation 34: Complaints procedure

There were a small number of complaints in the complaints log. Records of complaints viewed by inspectors did not detail the investigation conducted or whether or not the complainant was satisfied with the outcome of the complaints process.

Judgment: Substantially compliant

Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was generally respectful of their wishes and choices. Opportunities for social engagement were evident for a large number of residents. However, inspectors found that the quality and safety of resident care was compromised by lack of oversight by management. Improvements were required in the use of restraint and residents rights.

The centre continued to maintain infection prevention and control procedures to help prevent and manage an outbreak of COVID-19. The centre had been subject to a significant outbreak of COVID-19 in 2021. A successful vaccination programme was completed in the centre. The provider had systems in place for symptom monitoring of residents and staff for COVID-19, strict monitoring of visitors being welcomed into the centre and staff were continuing with routine two-weekly screening. Staff were observed to have good hand hygiene practices and correct use of PPE. Sufficient housekeeping resources were in place and the centre appeared to be clean throughout.

There were a number of local general practitioners (GP) providing medical services to the centre and out-of-hours medical cover was available. Most residents were under the care of one GP. There was evidence that residents had access to other allied health care professionals including dietetics, speech and language therapy, dental, and chiropody.

The design and layout of the centre facilitated an unrestricted environment for residents, however, this was not utilised for the maximum benefit for residents. There was an enclosed garden that was landscaped to a high standard. There were doors leading out to the garden from various parts of the centre but these doors were usually locked and residents required staff to input a key code if they wished to access the garden.

Inspectors were informed that a small number of residents with a diagnosis of dementia were displaying behaviours that challenge. The coordination of care for residents displaying these behaviours required review. By way of example, recognised tools for recording this behavior for the purpose of determining triggers with the aim of addressing potential unmet needs were not always maintained. There was also a high incidence in the use of bed rails and it was evident from records reviewed that, at least for one resident, these bed rails were not appropriate. There was also a need to ensure that when sedatives were used, all alternatives were explored prior to administration. For example, nursing records did not indicate what measures were trialled in order to alleviate a resident's anxiety prior to administering a sedative.

Staff were seen to be supportive and encouraging in their interactions with residents. There was sufficient communal space for residents to partake in group activities, and privately if they wished. There was a programme of activities in place and activities were provided six days a week with two activity staff employed. Individual choice was promoted where practicable. Residents could undertake

activities in private. Overall, residents' right to privacy and dignity were respected and respectful interactions were seen between staff and residents. The residents had access to newspapers, telephones, broadband and television.

Visiting had recommenced and visits were scheduled by the administrator in the centre and were facilitated in the afternoons over a seven-day period. Inspectors saw visitors to the centre and appropriate IP&C precautions were adhered with coming and going from the centre. Residents rights were respected and a programme of activity was available to residents.

Regulation 11: Visits

Indoor visiting was in place in line with the Health Protection and Surveillance Centre (HPSC) current guidelines. A number of visiting areas had been set up which enabled safe visiting, while abiding by social distancing guidelines. Visitors booked in advance and went through a screening process and infection control guidelines with appropriate PPE wearing prior to visiting. The centre also facilitated visiting for compassionate reasons and window visits.

Judgment: Compliant

Regulation 13: End of life

There was evidence of discussion with residents and/or their family members in relation to end of life preferences. GPs usually oversee the prescribing of end of life medications but where palliative care input is indicated this is readily accessible.

Judgment: Compliant

Regulation 27: Infection control

The centre was observed to be clean throughout. Appropriate infection control procedures were in place and staff were observed to abide by best practice in infection control and good hand hygiene.

There were three cleaning staff on duty daily, and each one had responsibility for designated areas of the centre. They were knowledgeable about infection control practices and had appropriate equipment for the individual cleaning of rooms and

bathrooms.

The centre had a comprehensive preparedness plan in place should there be a further outbreak of COVID-19. Laundry facilities allowed for the segregation of clean and dirty linen.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were comprehensively assessed using evidence-based assessment tools. Care plans were developed following these assessments and these were seen to be predominantly personalised and provided good guidance on the care to be delivered to each resident.

Judgment: Compliant

Regulation 6: Health care

The inspectors were satisfied that the health care needs of residents were met. There was evidence of good access to general practitioners with regular medical reviews.

Residents had access to a range of allied health professionals with some reviews taking place remotely. Residents' weights were closely monitored and appropriate interventions were in place to ensure residents' nutrition and hydration needs were met. Residents had been reviewed by the dietetic services and prescribed interventions which were seen to be appropriately implemented by staff. Wounds were well-managed with the support of specialist advice as required.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Improvements were required in relation to the care of residents that presented with behavioral and psychological symptoms of dementia (BPSD). For example:

- there was a high use of bed rails as evidenced by 21 of 48 residents having bed rails in place on the day of the inspection
- bed rails were in place for at least one resident for which the risk assessment would indicate that bed rails were contraindicated

- there was inadequate exploration of alternatives prior to the use of restraint, including bed rails and the use of PRN (as required) sedatives
- records were not maintained of the antecedent, the behaviour and or consequence of responsive behaviour

Judgment: Not compliant

Regulation 8: Protection

While allegations of abuse were investigated, inspectors were not satisfied that adequate measures were put in place following the investigation to ensure that all residents were protected from abuse. It was evident from the report of an investigation that a period of enhanced staff supervision was required but this was not put in place.

Judgment: Not compliant

Regulation 9: Residents' rights

Overall residents rights were respected and upheld, however, residents did not have free access to the secure and enclosed outdoor area. Inspectors noted that the door was locked and residents required staff to unlock the door if they wished to go outside.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 6: Changes to information supplied for registration purposes	Not compliant
Regulation 14: Persons in charge	Not compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Not compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 13: End of life	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

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

Inspection ID: MON-0033152

Date of inspection: 04/06/2021

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**
Registration Regulation 6: Changes to information supplied for registration purposes	Not Compliant
Outline how you are going to come into compliance with Registration Regulation 6: Changes to information supplied for registration purposes: In line with the compliance plan submitted to the Authority on the 10th June 2021, the person in charge officially resigned their position on the 7th June 2021. The Authority was notified of the resignation of the person in charge via the Provider Portal on the 18th June 2021 as required under Regulation 6 of S.I. No. 61 of 2015/Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. For the three weeks preceding their resignation the PIC was on annual leave and upon their return advised the centre's management that they did not wish to continue in the role of PIC. While on annual leave the management of the home was overseen by all three clinical nurse managers with the support of the Registered Provider Representative (RPR).	
Regulation 14: Persons in charge	Not Compliant
Outline how you are going to come into compliance with Regulation 14: Persons in charge: The role of Person in Charge has been filled by the incumbent ADON on a full-time basis. The PIC fully meets the criteria as prescribed in regulation 14. The PIC is supported by the Clinical Nurse Managers within the home and is further supported by the Registered Provider Representative.	

Regulation 16: Training and staff development	Not Compliant

Outline how you are going to come into compliance with Regulation 16: Training and staff development:
Where staff performance is identified as not being in line with the Regulations and/or Standards, appropriate action is taken to include appropriate supervision, additional training and/or invoking the centres disciplinary policy whilst upholding the rights of all parties.

Staff appraisals are currently being conducted in the centre.

Responsive behavior training is near complete for all staff. Online training will be supported and supplemented with in-house practical sessions to ensure compliance with evidence based practice.

Regulation 23: Governance and management	Not Compliant

Outline how you are going to come into compliance with Regulation 23: Governance and management:
An interim arrangement has been put in place while the recruitment of a person in charge is being carried out. This is discussed in greater detail under Regulation 14 above.

Where staff performance is identified as not being in line with the Regulations and/or Standards, appropriate action is taken to include appropriate supervision, additional training and/or invoking the centres disciplinary policy whilst upholding the rights of all parties.

The programme of audits has been expanded and further audits have been carried out with action plans developed to drive quality improvements.

Arrangements are being made to carry out an annual review.

A review of the Covid-19 outbreak is being progressed.

While there may appear to be a high level of bed rail usage, the assessment tool indicates that that they should be in place notwithstanding that the preferences of residents in order to ensure person centered care is being delivered are also taken into

account.

It is intended in the long term to decommission the internal smoking area. All residents have been risk assessed including those who use electronic cigarettes.

The centre provides individual fire retardant aprons and all residents are encouraged to wear these aprons for safety reasons, it is documented on the Residents care plan if they refuse to wear the apron. Each resident who smokes has an individual risk assessment in place The evidence of cigarette burns identified on one of the window sills are legacy marks which will be made good. The following arrangements are in place with regard to smoking:
1. All smokers are risk assessed and supervised where identified;
2. The smoking room is attended when occupied;
3. A metal waste receptacle is in place;
4. Two nurse call points are in situ;
5. Natural and mechanical ventilation is in situ;
6. A PFE and fire blanket are available;
7. The existing flame retardant upholstered chairs will be replaced with hardwood and/or metal chairs;
8. Curtains on the windows have been removed.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The centre will review its complaints management arrangements to ensure details with regard to investigation conducted and the satisfaction of the complainant is documented accordingly.

Regulation 7: Managing behaviour that is challenging	Not Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
While there may appear to be a high level of bed rail usage, the assessment tool indicates that they should be in place notwithstanding that the preferences of residents and/or next of kin are taken into account in order to ensure person centered care is being delivered. The centre will keep the usage of bedrails under review. An audit of the use of bedrails is currently underway which may allow depending on results a reduction

in the number of bedrails in place. The centre has put in place a validated tool to explore and capture alternatives prior to the use of bed rails and/or administration of PRN medications including sedatives.

Regulation 8: Protection	Not Compliant
Outline how you are going to come into compliance with Regulation 8: Protection: The centre takes allegations of abuse seriously and this is reflected in a comprehensive investigation. Where staff performance is identified as not being in line with the Regulations and/or Standards, appropriate action is taken to include appropriate supervision, additional training and/or invoking the centres disciplinary policy whilst upholding the rights of all parties	
Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents have access to the garden area from 9am onwards until late. In the interest of resident safety residents are accompanied outside of these hours.	

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
Registration Regulation 6 (1) (a)	The registered provider shall as soon as practicable give notice in writing to the chief inspector of any intended change in the identity of the person in charge of a designated centre for older people.	Not Compliant	Orange	18/06/2021
Regulation 14(1)	There shall be a person in charge of a designated centre.	Not Compliant	Orange	31/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Not Compliant	Orange	12/09/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Not Compliant	Orange	31/08/2021
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management	Not Compliant	Red	31/08/2021

	structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care provision.			
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.	Not Compliant	Red	31/08/2021
Regulation 34(1)(d)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall investigate all complaints promptly.	Substantially Compliant	Yellow	31/08/2021
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Not Compliant	Orange	31/08/2021
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the	Not Compliant	Orange	31/08/2021

	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.			
Regulation 7(3)	The registered provider shall ensure that, where restraint is used in a designated centre, it is only used in accordance with national policy as published on the website of the Department of Health from time to time.	Not Compliant	Orange	31/08/2021
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	31/08/2021
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Substantially Compliant	Yellow	31/08/2021