



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

Issued by the Chief Inspector

Name of designated centre:	Castle Gardens Nursing Home
Name of provider:	Mowlam Healthcare Services Unlimited Company
Address of centre:	Drumgoold, Enniscorthy, Wexford
Type of inspection:	Unannounced
Date of inspection:	03 June 2021
Centre ID:	OSV-0000696
Fieldwork ID:	MON-0032301

About the designated centre

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

Castle Gardens Nursing Home is a purpose-built single-storey facility that first opened in 2008. The centre is situated on the outskirts of Enniscorthy town. The premises can accommodate 64 residents. Bedroom accommodation consists of 54 single and five twin bedrooms and all bedrooms have full en-suite facilities. There is a large kitchen adjacent to the main dining room. There is a large central day room and several other seating areas. Recently the centre has designed a memory care unit within the centre which holds 19 of the 64 beds. Appropriate communal areas are provided within this unit as well. Other facilities include an oratory, hair salon and laundry room. All are adequate in size, decorated in a domestic manner and easily identifiable for residents to find. The centre offers nursing care for dependent persons aged 18 years and over, providing long-term residential care, respite, convalescence, dementia and palliative care. Care is provided for people with a range of needs with low, medium, high and maximum dependency. The stated objective of the centre is to ensure that the needs and wishes of residents will be fully taken into account through their involvement in making service decisions. Pre-admission assessments are completed to assess a potential resident's needs. The decision as to whether or not the centre can meet the residents' needs is based on information supplied by the resident, family, and or the acute hospital. The centre currently employs approximately 65 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff. Two well maintained enclosed garden areas were available to residents and were freely accessible from a number of locations throughout the centre. Adequate parking was available at the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	56
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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
Thursday 3 June 2021	10:00hrs to 18:30hrs	Helena Budzicz	Lead

What residents told us and what inspectors observed

The overall feedback from residents was that they were satisfied with the care they were receiving, and staff were generally found to be kind and caring. Many of the residents in the centre were of high dependency and were living with dementia. As a result, there were some limitations to the conversation between the inspector and residents. Residents who did speak with the inspector expressed satisfaction with the staff and service provided to them on the day of the inspection. Those residents who could not articulate for themselves appeared relaxed and nicely dressed. It was evident that staff knew residents well, and residents were comfortable and relaxed in the presence of staff. Residents were in good form and were chatting among themselves, relaxing alone with magazines or newspapers or strolling around the premises.

The inspector arrived at the centre and was met by the staff, who guided the inspector through the infection control measures necessary on entering the designated centre. Following an opening meeting, the inspector was accompanied by the person in charge on a tour of the premises. The nursing home is situated on the outskirts of Enniscorthy town, overlooking green fields. The design and layout of the building was spacious and ensured the comfort, privacy and wellbeing of the residents. The centre was set out over one floor and consisted of two units providing a total of 64 beds. The centre had a Memory care unit providing specific dementia care for 19 residents living with dementia. The inside of the unit consisted of large murals of nature scenes which were very joyful and colourful. Residents' bedrooms in the Memory care unit had coloured front door murals which gave the centre a homely feel. The bedrooms were personalised with memorabilia and photographs, and this was supported by the nature of the bedrooms, which were predominantly single rooms. A seating area with tomato plants was observed in a sunny section of the memory care unit and residents were observed sitting enjoying the sunshine in this area. The person in charge informed the inspector of plans to renovate a quiet room in the unit. The unit had an enclosed garden area located outside the conservatory. The person in charge informed the inspector that they have a project in place to convert the garden to a dementia-friendly sensory garden. There was a secure paved footpath that would facilitate residents to have a walk; however, there was no furniture in the garden for resident's use on the day of the inspection. The person in charge informed the inspector that this was removed due to bad weather. On the other side of the building was a larger unit containing 45 beds. The sitting, dining rooms and sun room were bright and warm as they caught the morning sun. There was enough space for residents to maintain their social distance whilst still feeling that they were included in the community of other residents around them. The outside garden was well maintained. There was a small oratory located beside the main entrance of the designated centre. Overall, the premises were bright, clean and communal areas were pleasantly decorated.

Good hand hygiene practices were observed throughout the inspection, and wall-mounted hand sanitisers were available around the centre. Appropriate use of

personal protective equipment (PPE) was observed. Staff changing facilities were available here for male and female staff.

The inspector observed lunch-time during the inspection. Residents seem to enjoy their lunch in clean, bright and calm dining areas. A menu was on display, and there were two main course options available. Residents were offered a selection of drinks, and condiments were available on the tables. Paper flower posies that residents had created during arts and craft activity were used to brighten up the tables. The food on offer was served from a heated trolley, and was well presented and smelled appetising. The inspector observed staff providing discreet assistance to residents in the main dining room in an unhurried fashion. The inspector observed a number of residents chatting with residents at their tables and enjoying the dining experience. Staff provided residents with assistance and encouragement as necessary. The mealtime experience in the memory unit required review to ensure residents' safety and to maximise opportunities for residents to engage socially. The inspector observed that not all staff sat with the residents as they assisted them to eat and drink. A staff member was seen using a mobile phone while providing assistance to a resident and a resident who had a swallowing problem was not supported to sit upright so that they could safely enjoy their meal.

Activities planned were clearly detailed on a notice board that is centrally located within the centre. The activity coordinator was seen engaging with residents across two units throughout the day. On the morning of the inspection, one group of residents from both units was observed enjoying arts and crafts activities in the small dining room in the memory care unit. In the afternoon, there was an 'afternoon tea' prepared for residents, and residents were seen enjoying the music. The rest of the residents who stayed in the other communal areas were watching television. The inspector noted that not all residents were equally engaged in the activities in the centre, and the review of current arrangements of activities provided for residents to ensure that the social needs of less able residents were met.

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

Overall, the inspector concluded that while the residents reported satisfaction with the service received, improvements were required to ensure that the service received by residents was effectively monitored.

Mowlam Healthcare Services Unlimited Company is the registered provider of Castle Gardens nursing home. This was an unannounced inspection completed during the COVID-19 national pandemic. A new person in charge (PIC) had been appointed in March 2021. On the day of the inspection, the PIC was supported by a healthcare manager from Mowlam Healthcare. The roles and responsibilities of the PIC and the

healthcare manager and lines of authority were clear and transparent. The person in charge was full-time in the post and was supported on-site by the deputy person in charge, clinical nurse manager, nurses, care staff, household, catering, maintenance and administration staff. The new management team were working on strengthening the local management team by assigning team leaders to the local units to improve the quality and safety.

The inspector recognised that the COVID-19 pandemic was a difficult and challenging time for residents, relatives and staff. It was evident that staff working in the centre were dedicated to their work. The inspector also acknowledged that there had been no outbreak of COVID-19 infection in the centre to date. Residents and staff had received the COVID-19 vaccines. Staff were complying with self-monitoring of symptoms and regular temperature testing, and the provider was availing of regular staff testing for COVID-19. Staff had received training in infection prevention and control in response to the COVID-19 pandemic and were kept up to date with the latest developments and guidance in relation to COVID-19.

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. The centre had a COVID-19 isolation unit set up in the event of a COVID-19 outbreak. Housekeeping staff who spoke with the inspector were clear about the enhanced cleaning processes that were required during the pandemic and demonstrated a good knowledge of infection prevention and control practices relevant to their work.

While there were adequate numbers of staff to provide direct care to residents on duty on the day of the inspection, some improvements in the staffing model was warranted to ensure that staff were supervised and that all residents' social and recreational needs were met. No agency staff or volunteers were working in the centre on the day of the inspection.

Records, as requested during the inspection, were made readily available to the inspector. Schedule 2, records of staff files were examined. Vetting disclosure in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2021 was in place for all staff. There was evidence that the induction training was provided for all new staff.

Staff training records demonstrated that mandatory training was up-to-date, including infection control, fire safety, safeguarding and manual handling. However, findings from this inspection evidenced that staff required further training to support residents with responsive behaviours. The inspector was informed by the person in charge that training and education on managing responsive behaviours was arranged for the coming weeks.

The inspector reviewed the audit schedule and auditing system in the centre. The new person in charge has identified several areas for improvement, and developed an action plan and evaluation process. For example, a new falls prevention

observation system was implemented in the centre and the number of falls had significantly reduced. This included a close monitoring tool that was kept in each bedroom for residents identified as a high risk of falls and a schedule for mobilising residents daily. Staff were seen gently encouraging residents to mobilise around the centre to maintain their mobility and independence.

Regular management and staff meetings were scheduled. Issues such as staff roster, staffing, risk management and infection control issues were discussed and documented. There was also a safety pause each day to discuss any issues with residents identified through the provision of personal care throughout the morning.

A review of complaints indicated that the provider was operating according to their complaints policy. Complaints received were reviewed and found to have been managed effectively. An appeals procedure ensured complainants could have the outcome of their complaint investigation reviewed.

An annual review of the quality and safety of care delivered to residents had taken place for 2020. The inspector reviewed the documents and found they included consultation with residents and their families.

Regulation 14: Persons in charge

The person in charge joined the centre on 3 March 2021 and worked full-time in the centre. She is a registered nurse with the required experience in the care of older persons and completed a post-registration management qualification. She facilitated the inspection in an open manner and demonstrated good knowledge regarding her role and responsibilities.

Judgment: Compliant

Regulation 15: Staffing

The new person in charge reviewed the staffing levels and allocation and adjusted the roster to increase supervision in the centre and to ensure the staffing levels were adequate to meet residents' needs. However, an additional review of the staffing levels for management personnel and the activity coordinators were required to ensure that all staff and practices are adequately supervised, and all residents would have sufficient access to social and recreational activities.

There was one activity personnel rostered from Monday till Thursday, and another was on duty from Tuesday till Friday for six hours daily. The activities at the weekend were allocated to be provided by care staff who were expected to take on an additional role. However, there was no extra care staff rostered and there was a reliance on television for social stimulation at weekends. The inspector observed

that the staff moved residents from one side of the centre to the sitting room on the other unit to attend activities. Residents who did not attend the activities sat in the communal room with the television. This was discussed with the person in charge and the healthcare manager on the day of the inspection, and reassurances were received that they were actively seeking to employ an extra activity coordinator to ensure that all residents would obtain adequate social and recreational stimulation.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Records reviewed by the inspector confirmed that all mandatory training such as safeguarding, moving and handling and fire safety was completed by staff within the required time frames. Staff required training to competently assess and therapeutically engage with residents who presented with responsive behaviours. Some staff in the Memory care unit would benefit from dementia training to ensure they were competent to work with residents who had dementia and other related conditions.

Staff supervision to ensure that this training was implemented required strengthening.

Judgment: Substantially compliant

Regulation 23: Governance and management

There was a clearly defined management structure in place and the lines of responsibility and accountability were clearly outlined and staff were aware of same. There were robust systems in place to monitor the quality and safety of the service provided. The management team and recently appointed person in charge had identified areas for improvement to the quality and safety of care to residents and had developed action plans to address these issues. A comprehensive annual review of the quality and safety of care delivered to residents that included consultation with residents and their families had taken place for 2020.

Judgment: Compliant

Regulation 31: Notification of incidents

Notifications and quarterly reports were submitted within the specified time-frames

and as required by the regulations .

Judgment: Compliant

Regulation 34: Complaints procedure

There was an effective complaints procedure in the centre which was displayed at the reception. The inspector viewed a sample of complaints, all of which had been managed in accordance with the centre's policy. There was one open complaint at the time of the inspection. An independent advocate was identified in the complaints procedures to support the residents if required.

Judgment: Compliant

Quality and safety

The inspector found that the majority of residents were enabled to have a good quality of life in Castle Gardens Nursing home with good access to medical and healthcare services. However, some improvements were required in the management of residents with responsive behaviours to ensure that residents had behavioural support plans based on a comprehensive assessment and fellow residents were not impacted by residents with responsive behaviours. This is further outlined under Regulation 7.

Visiting arrangements were in place on a planned basis in line with updated visiting guidelines. The inspector observed these visits taking place in a large room beside the entrance of the centre. Arrangements were in place for visitors during the COVID-19 restrictions to enter the centre on compassionate grounds, and residents were supported to stay in contact with their loved ones by phone or video call.

Residents' healthcare needs were met to a good standard. There were four general practitioners practices providing medical cover to the centre. Access to out-of-hours medical cover was also available. Oversight of residents' healthcare needs was good with monitoring of key areas such as pressure ulcers, residents' weights and falls. The inspector viewed a number of residents' care plans during the inspection. Residents were assessed before admission, and they had a comprehensive assessment following admission. There was evidence that residents' weights were reviewed monthly and a nutritional screening tool known as Malnutrition Universal Screening Tool (MUST) utilised to determine the risk of weight loss or weight gain. There was evidence of SALT and dietitian input into the assessment and care planning of residents if required. Some improvement was required in relation to care plans for wound care and social activities.

A restraint-free environment was promoted, and a register of restraint usage was maintained and subject to regular reviews. The register detailed areas of restrictive practice currently in use in the centre, which included the use of bed rails and the use of PRN (when required) medication. There were only two residents using bedrails at the time of inspection and there was evidence that appropriate consultation processes took place and alternatives to bedrails use had been considered.

The premises were spacious and allowed residents to effectively practice social distancing while still being able to socialise and speak with one another. The centre was generally bright, clean and in a good state of repair but the decor in the 45 bedded unit required attention. The management team in the centre had taken action to ensure that their infection prevention and control programme was effective. Further improvements were required in relation to equipment hygiene. This is discussed under Regulation 27.

Fire safety management checking procedures were in place; however, some gaps were observed in the records for servicing of emergency lighting. Fire drills and evacuations were completed, and times, actions and improvements were noted.

Regulation 11: Visits

Visiting indoors had resumed in line with the most up-to-date guidance for residential settings. A designated visiting area enabled safe visiting in line with social distancing guidelines. Relatives booked in advance and went through a screening process that included signing in, hand hygiene, wearing surgical face masks and symptom and temperature checks.

Judgment: Compliant

Regulation 17: Premises

The 45-bedded unit required re-decoration as there were some signs of wear and tear on the paintwork. For example, the inspector saw chipped paint on the handrails, walls or door frames. Additionally, the garden furniture, which was removed due to bad weather, was not returned to the internal gardens on both units.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

There was a good menu choice available, and residents were complimentary about the food, the choice and the service. There was a choice of main courses and desserts, and the staff in the centre were creating a new menu with a dementia-friendly format of meals. Meals were observed to be well presented, wholesome and nutritious.

Judgment: Compliant

Regulation 26: Risk management

The centre had policies relating to health and safety. There was an up-to-date health and safety statement reviewed in 2020 available for review. The risk management policy met the requirements of the regulations. The centre maintained a register setting out hazards identified in the centre and the controls in place to minimise the associated risk. This was regularly reviewed and updated; for example, in reflection to risks related to COVID-19.

Judgment: Compliant

Regulation 27: Infection control

While there was evidence of good infection prevention and control practice in the centre, the following areas for improvement which are essential to good infection control practice were identified:

- The hoists and wheelchairs stored in the store room were observed to be stained and unclean.
- One specialised wheelchair was observed to be torn on the hand rest on both sides and presented a risk of infection as this equipment cannot be effectively cleaned. This wheelchair was seen to be used by a resident.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The inspector identified that aspects of fire safety required improvements:

- The inspector observed that cautionary signage was not always in place to alert people of the risks associated with oxygen cylinders or concentrators.
- The inspector found gaps in the quarterly servicing for emergency lighting in 2019 and 2020.
- The inspector observed that not all bedroom doors were connected to the central fire alarm system as they were not fitted with automatic closing devices to contain the spread of fumes and smoke in the event of a fire.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

The inspector found some assessments and personal care plans required significant improvements. For example:

- The wound care plans reviewed by the inspector lacked details about the wound progress and measures to promote wound healing. The care plan's evaluation records also required more information.
- The inspector found that not all residents had meaningful activity assessments to guide the completion of activity care plans. These care plans were seen to be generally completed but lacked the person-centredness to reflect individual residents' preferences for activities or therapeutic activities for individual residents.

Judgment: Substantially compliant

Regulation 6: Health care

There was good access to medical staff with regular review recorded in residents' files. Residents at the centre had good access to allied health professionals such as dietitian, speech and language therapist, physiotherapist and tissue viability nurse expertise

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

All staff were up-to-date on the training for responsive behaviours. However, the inspector found that assessments were not consistently completed and a number of the residents did not have a behavioural support plan to direct a consistent

approach to care. Incidents of responsive behaviours were not responded to appropriately.

- The inspector reviewed six care records for residents who displayed responsive behaviours and found significant gaps in some of the behavioural assessment charts examined.
- Of the six residents whose files were reviewed, and the inspector found that only one resident had a detailed behavioural care plan in place. The impact was that staff did not have care plans with person centred interventions to ensure a consistent team approach to support the residents.
- There were a number of significant incidents of verbal and physical outbursts which was distressing for the individual resident and also negatively impacted other residents in the unit. The inspector was not assured that all appropriate and reasonable measures had been taken to protect other residents. For example, the staffing model and opportunities for social interaction and activities to engage these residents required review. This is discussed under Regulation 5.

Judgment: Not compliant

Regulation 8: Protection

The policy on safeguarding referenced the Safeguarding Vulnerable Persons at Risk of Abuse National Policy & Procedures 2014 and included the time frames to direct staff when dealing with allegations or suspicions of abuse. The management team were familiar with the policy and their role should a staff member report abuse. Records showed that all staff had attended annual safeguarding training.

The inspector followed up on an allegation of abuse which had been notified to the Chief Inspector and found the allegation had been investigated and managed in line with the centre's policy. The safety of residents was a priority.

Judgment: Compliant

Regulation 9: Residents' rights

Overall, residents' right to privacy and dignity were respected and positive, respectful interactions were seen between staff and residents. The residents had access to a local newspapers, radios, telephones and television. Advocacy services were available to residents as required and were advertised on notice boards in the centre along with other relevant notifications and leaflets. Opportunities for residents' feedback and to ask questions were in place, which were acted on by the

provider.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	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 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Castle Gardens Nursing Home OSV-0000696

Inspection ID: MON-0032301

Date of inspection: 03/06/2021

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
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • The Person in Charge has reviewed staffing levels for each department within the nursing home. Staffing levels are carefully and consistently monitored to ensure that there are always sufficient numbers of suitably qualified staff available to meet each resident's assessed care needs. Staff numbers may be reviewed from time to time to ensure that consistently high standards of care are maintained. • The Person in Charge (PIC), supported by an Assistant Director of Nursing (ADON) and Clinical Nurse Manager (CNM), will produce and monitor the staff roster approximately 2 weeks in advance, ensuring that there is always a suitable ratio of clinical staff to residents to enable all care needs to be safely and effectively met; and that effective supervision, support and cohesive teamworking are integral to the culture of the nursing home. • A member of the management team will be rostered at weekends to ensure the consistent delivery of person-centred care and that there is appropriate supervision in place. • A variety of interesting and meaningful activities will be provided for all residents based on their expressed preferences. The staff roster has been updated to include activities every day of the week, ensuring that residents have access to meaningful activities on a daily basis. • A Social Care Practitioner has been recruited to supplement the activity team and this will ensure that individual resident's choices can be met in relation to their recreational activity and social care needs. • All staff who work in the Memory Care Unit will also support residents with social care in addition to providing general nursing care needs. All staff will engage in one-to-one and small group activities with the residents, in accordance with their expressed preferences. These activities will enhance the schedule of varied activities provided by the Activities Coordinators. 	

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> <ul style="list-style-type: none"> • All staff are required to complete mandatory training, including, but not limited to: Care of the Person with Dementia, Management of Behavioural & Psychological Symptoms of Dementia (BPSD)/Responsive Behaviours, Safeguarding and Protection of residents, Fire Safety, Manual & People Handling, Infection Prevention & Control, Medication Competency Assessment, A Human-Rights Based Approach to Care, among other training courses. A training schedule is in place to ensure all staff, including any new staff and those who require refresher updates are provided with a training programme during their initial induction phase and where possible within the first 4 weeks after commencement of employment. Staff training and development needs are discussed during probationary, performance appraisal and clinical supervision meetings, and staff are given the opportunity to identify any areas of training they feel would benefit them. Training is also put in place when there has been observation of staff skills deficits based on individual training needs analysis. • Staff in the Memory Care unit have undertaken additional training in meeting the needs of residents with Behavioural and Psychological Symptoms of Dementia (BPSD). This training will be delivered to all staff in the nursing home. The training records will be updated to reflect the up-to-date training. • The skill mix of staff within the Memory Care Unit is kept under review by the PIC, to ensure that staff with experience and education/training in the management of behavioural and psychological symptoms of dementia are deployed to this unit. 	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Due to the COVID-19 restrictions in place, the painting and decorating schedule had been paused. This programme has now recommenced in line with the revised Public Health guidelines. The schedule in place is planned on a priority basis for residents' bedrooms and communal areas. The painting and decorating will be completed by 31/12/2021. • Garden furniture, which had been removed due to bad weather, was moved to the internal gardens on both units by the evening of the inspection. This furniture has remained in place throughout the good weather and will be maintained for all residents to use and enjoy. 	

Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • The PIC has reviewed the equipment in the centre. The damaged specialised wheelchair has been removed and replaced. The new wheelchair will be effectively cleaned in line with good infection prevention and control practice in the nursing home. • A cleaning schedule for all equipment, including hoists and wheelchairs, has been implemented. • The PIC will conduct a daily walkaround of the building with the Assistant Director of Nursing/CNM to monitor standards of cleaning and identify any deficits in standards to the Housekeeping Supervisor. Management will ensure that a quality improvement plan is developed and implemented to address any identified deficits. • Housekeeping staff will conduct safe cleaning practices and procedures. Management will review/update cleaning schedules and will monitor for adherence and compliance. • The PIC will ensure that all household staff are trained in appropriate cleaning techniques and procedures by ensuring that they complete a Clean Pass programme. • A daily cleaning and decontamination programme is in place, and this is reviewed daily by the senior housekeeper and monitored by the Assistant Director of Nursing and CNM. • Random spot checks are also conducted. • A sticker system is now used to record the date and time of cleaning and sanitation of all shared equipment. Equipment will be reviewed by management on a regular basis. 	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Cautionary signage regarding 'Oxygen in use' has been sourced and was put in place on the day of the inspection. The signs have been placed on the relevant residents' bedroom doors, dining rooms and communal areas advising where applicable that oxygen cylinders are in use. • The external company that undertakes service and maintenance of the emergency lighting advised that due to the COVID-19 restrictions in place, they were unable to attend the centre as regularly as planned to carry out their inspections. This servicing schedule has now recommenced in line with the revised Public Health guidelines, and they have conducted servicing for Q1 and Q2 of 2021, and there are records in place to confirm this. • The PIC conducted a full assessment of the automatic closing devices connected to the central fire alarm for all bedroom doors. There were 25 bedrooms connected to the fire alarm system at the time of inspection, and an additional 18 were installed in July 2021. 	

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The PIC, ADON and CNM have provided clinical oversight to ensure that all residents' assessments and care plans have been reviewed by the named nurses. They will ensure that the assessments inform the plan of care, that the care plan is individualised and person-centred, considering the resident's current medical, health and lifestyle status. • The care plans will be reviewed at intervals not less than 4 monthly, or as indicated by the resident's condition or circumstances. These care plan reviews will consider all aspects of the residents' physical and mental wellbeing, personal and social care needs and any supports required to meet those needs, as identified by initial and ongoing assessment. • The reviews monitor the effectiveness of the residents' support and treatment provision and will promote improved care outcomes. • Wherever possible, the care plans are devised, discussed and implemented in consultation with the resident and/or a designated representative, where appropriate. • Management regularly review and audit the assessments and care plans to ensure that residents' needs are being met. Staff Nurses are reminded to ensure that all care plans are updated with appropriately detailed information. • There is a wound assessment and care plan in the electronic care record, which will be completed for all residents who may have a wound. This includes an assessment with photographs and, if required, a body map and a pressure area management plan can be completed, if required. This care plan also includes a review date for dressing care and further assessment. • The wound care plan details the dressing type/wound/indicators of potential change in skin discoloration and risk factors. • Communication from the Tissue Viability Nurse (TVN) is included in each resident's wound care notes providing further support and direction in the healing of a wound. • Details and information from the Dietitian are reflected in the eating and drinking section of the Daily Care Plan. • Antecedent, Behaviour and Consequence (ABC) charts are completed for residents who exhibit responsive behaviours; staff members are aware that they are to observe for triggers and to identify individual de-escalation techniques, all of which must be outlined in the ABC charts and recorded in the residents' care plans. These are discussed at the daily handover and midday Safety Pause to ensure a consistent approach to supporting residents with responsive behaviours. • The PIC, supported by the Healthcare Manager, will ensure that all staff understand what is meant by promoting a Human Rights-Based Approach to Care, with respect to residents' health and social care needs, ensuring that they are always treated with respect and dignity. • Staff will be encouraged to communicate with residents in a person-centred way that respects the residents' autonomy. Any decisions about residents will always be made based on the residents' will and preferences. 	

Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <ul style="list-style-type: none"> • Following the inspection, the Person in Charge and the Assistant Director of Nursing reviewed the assessments for all residents. A Key to Me (Social Care) assessment has been completed for all residents with a diagnosis of dementia and/or with a cognitive impairment or behaviour that challenges. This assessment is used to inform staff members of residents' interests, preferred lifestyle and background, and can be used to develop an individualised social care plan for each resident. All assessments are regularly reviewed and updated when required. • Social Care plans are completed by the resident's assigned nurse and will be further supplemented and enhanced by the Social Care practitioner. Life stories are completed in consultation with the resident and their family, and this provides invaluable detail of the resident's life and assists staff to develop a social activity care plan. • Each resident has had a comprehensive review of their personal care and safeguarding plan. • Each resident in the Memory Care Unit has an individualised functional analysis with a detailed template of potential antecedents/behaviour and consequence that may be displayed. Staff have been educated regarding the potential of each resident to display a responsive behaviour. • Safety pause meetings are in place daily where changes in resident's behaviour are discussed, with an aim to identify potential escalations and or triggers before a resident becomes unsettled. Activities have been reviewed with the residents to determine areas of improvement. 	

Section 2:

Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/08/2021
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/08/2021
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre,	Substantially Compliant	Yellow	31/12/2021

	provide premises which conform to the matters set out in Schedule 6.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(1)(b)	The registered provider shall provide adequate means of escape, including emergency lighting.	Substantially Compliant	Yellow	31/08/2021
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2021
Regulation 5(1)	The registered provider shall, in so far as is	Substantially Compliant	Yellow	31/08/2021

	reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
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	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 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	Substantially Compliant	Yellow	31/08/2021

	not restrictive.			
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