



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

## Issued by the Chief Inspector

Name of designated centre:	Dunboyne Nursing Home
Name of provider:	Dunboyne Nursing Home Limited
Address of centre:	Waynestown, Summerhill Road, Dunboyne, Meath
Type of inspection:	Unannounced
Date of inspection:	21 June 2021
Centre ID:	OSV-0000185
Fieldwork ID:	MON-0032536

## About the designated centre

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

Dunboyne Nursing Home Limited is the registered provider of Dunboyne Nursing Home. According to the statement of purpose, the nursing home provides residential care for long-term to short-term, respite and convalescence residents, as well as those with an intellectual disability, palliative care need, acquired brain injury and physical disability. The centre can accommodate a maximum of 61 residents. It is a mixed gender facility, catering for dependent persons aged 18 years and over. The centre was purpose built. There are 47 single and seven twin rooms. The centre has multiple communal rooms that are accessible to residents at all times. Residents also have access to a central enclosed courtyard. The centre provides 24-hour nursing care to residents with low to maximum dependency needs. Additional therapeutic services are provided on site at the request and in the best interest of the resident, subject to appropriate GP referral as necessary, and access to the required resources.

**The following information outlines some additional data on this centre.**

Number of residents on the date of inspection:	54
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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
Monday 21 June 2021	09:00hrs to 18:00hrs	Manuela Cristea	Lead

## What residents told us and what inspectors observed

During this unannounced inspection the inspector met and spoke with approximately 10 residents who all expressed great satisfaction with the service and praised staff for their kindness and dedication to ensure they have everything they needed. The inspector observed that the centre was clean and well-maintained and that the atmosphere in the centre was calm and relaxed. The interactions between staff and residents were person-centred and courteous. Based on observation and communication with the residents and staff on the day, it was evident that the residents were enjoying a good quality of life where they were supported to maintain their independence and to spend their days as they chose.

Throughout the day, residents were observed taking part in numerous activities, both indoor and outdoor. Access to the garden was unrestricted and residents were seen enjoying the good weather, reading the newspapers and chatting with each other in the sunshine. Staff were attentive and ensured that residents were well-protected and adequately hydrated and were observed applying sun protection factor and ensuring residents wore sunhats and that they were sitting in the shade. After a long year of restrictions brought on by the pandemic, residents were excited that daytrips had recently resumed, including a visit to the beach, the nearby park and the Hill of Tara. A schedule of planned outings was in place with two days a week identified for daytrips in the community.

The inspector observed the activity programme displayed in various locations around the centre. It was rich and varied and included daily exercises, walks, mass service and newspaper reading as standing feature over the seven day programme. In addition, each day had different activities planned such as live music or sing alongs, movie nights, flower arranging, chef demonstration or baking sessions, games (bingo, cards, bowling), art and crafts, pampering sessions (spa afternoons, nail painting, one to one massage or hairdressing) and quizzes to name a few.

Residents said that staff were quick at answering their call bells and they were always respectful in their interactions. Residents said they felt safe living in the centre and that their rooms were cleaned daily and maintained tidy by staff. The inspector observed that residents' bedrooms were personalised, they were spacious and bright and residents' could bring their own personal possessions. For example the inspector observed that some residents had a fridge, kettle and own personal stereo machine, others had exercise bikes to keep fit. One resident said to the inspector that it was as close to living in their home as possible, but much safer as there was always someone around.

Residents could receive visitors in private and two dedicated communal areas had been identified in the centre to support visiting arrangements. Indoor visits were also facilitated based on a risk assessment. The inspector spoke with three different visitors who had pre-scheduled appointments that day. Their feedback was consistent in that they were very satisfied with how their loved one was cared for in

the centre, with how they were maintained informed of any changes in residents' condition and the overall communication with the provider throughout the pandemic and visiting restrictions. One visitor said that it was the first time they had seen their relative in person since the beginning of the pandemic and it was wonderful to see them in good spirits and looking so well. Other visitors told the inspector that the last year had been really difficult for them; that although they were very satisfied with the care and could not fault the staff or management in any way, they felt they had missed out on precious time with their relative, who had declined as a result of their progressive condition.

Residents took part in regular meetings where they had the opportunity to raise questions, discuss and suggest ideas for improving the service and their lived experience. Minutes of these meetings showed that residents were very satisfied with the staff and the activities available to them. Residents said that they were aware of what was happening outside the centre and that while they had missed their families, they understood that 'restrictions are important for our own safety'.

Staff spoken with on inspection were knowledgeable of individual residents' needs, and described how they supported residents to exercise choice in their day-to-day lives. Residents were empowered to retain control over their lives and one resident was observed having their own key to their bedroom. One resident told the inspector how 'it was brilliant before COVID', as they could go out in the community, meet their friends for lunch or go to the church in the local community. They said that the pandemic had diminished their life experience as they were confined to living in the centre, but that staff did the best they could to facilitate communication with friends and family be it via window visits, phone or video calls.

The centre had not experienced an outbreak of COVID-19 and residents credited staff and management's hard work for ensuring they had remained safe. One resident told the inspector how staff were regularly swabbed for COVID-19 and had their temperature checked daily. They said they had confidence in staff and that although they missed their home, they felt safer living in the designated centre.

The inspector observed the small group activity sessions taking place in the communal areas during the day and saw that social distancing was maintained. Residents were observed relaxed and chatting with staff and each other or discussing the news. As part of residents' daily activities a one page summary of interesting events that happened that day in the history of the world was printed and available in the communal areas and residents were observed discussing and reminiscing past events that they may have witnessed or had knowledge of.

There were no immediate risks identified during the walkabout of the designated centre which the inspector completed together with the person in charge. The premises was well-laid out to meet residents' needs, however some opportunities for improvement were identified in respect of infection prevention and control and the use of restrictive practices which were discussed with the registered provider on the day. The specifics of these are detailed under their respective regulations.

The centre was observed to be hygienic throughout and free from odours. There

was good signage throughout the centre and alcohol hand rub gels were in place in each residents' bedroom and at key locations throughout the premises. Staff had completed relevant training and throughout the day were observed to consistently adhere to hand hygiene and appropriate infection prevention and control precautions. 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.

Both residents and staff said how proud and relieved they were that they had not had an outbreak in the centre. There was a small number of staff still awaiting to receive their vaccine, but the vast majority of residents and staff were already fully vaccinated against COVID-19.

The next section of the report sets out the findings and judgments of the inspection. These are summarised under each pillar and then discussed under the relevant regulation.

## Capacity and capability

Overall, the inspector was satisfied that this was a well-managed centre and that the provider was striving to achieve full regulatory compliance and had acted on the findings from the last inspection. The management team and staff worked hard to ensure that care was person-centred and that residents could enjoy a good quality of life and continue to keep in touch with their families. There were good governance and management arrangements in place to ensure residents receive a good standard of quality care in line with their assessed needs. However some improvements in the oversight of staff practices and infection prevention and control procedures were required to maintain the safety of the residents living in the centre.

There were sufficient resources to ensure effective delivery of care in the centre in line with the statement of purpose. While there had been a recent increase in the staff turnover in the centre, the inspector was satisfied that the provider had taken appropriate steps to mitigate this and that the daily staffing levels had been maintained in line with resident's assessed needs.

The registered provider is Dunboyne Nursing Home Limited. While the provider and the person in charge had remained the same, there had been changes in the ownership and the governance and management structures in place since the last inspection. The inspector found that these changes had been communicated to staff and residents. One staff member told the inspector that they had an introductory meeting with the new registered provider representative and a resident said that they were aware of the recent changes in the governance, and said that they had not made any difference to their life, except that there were some new faces around.

The provider had a clearly defined management structure in place, as outlined in the centre's statement of purpose, and the lines of authority and accountability were clear. There was evidence of regular and effective communication with senior management and the minutes of the governance and management meetings showed that relevant topics such as infection prevention and control, visits, health and safety, staffing, complaints featured as a standing item on the agenda for discussion.

From a governance perspective the person in charge was supported by the registered provider representative and a director of operations, who were based in the centre. In their operational role, the person in charge was supported by a deputy nurse manager with dedicated supernumerary hours to perform managerial duties and the wider team of nursing, caring domestic, catering and maintenance staff.

Weekly key performance indicators were collected and regular audits were carried out on various areas to provide assurance and oversight that the service provided was safe. Where areas for improvements were identified, relevant action plans, which included training, was put in place. For example, follow up audit results showed a reduction in the incidence of falls as a result of focused training on falls prevention, falls management and falls awareness. Nevertheless, the inspection identified that increased oversight of staff practices was required, specifically in the area of infection prevention and control.

Staff said that they felt supported in their work and that management team were always approachable and listened to any concerns. Records showed that formal regular staff meetings took place with all the departments in addition to the daily communication huddles or weekly emails and group messages to all staff. Mandatory training was up to date.

Overall the number of complaints were low and a review of records showed that complaints were well-managed, in line with the centre's own policy.

## Regulation 15: Staffing

There were sufficient number of staff with the appropriate skill-mix working in the centre to meet the needs of the residents. All staff nurses working in the designated centre had an active registration with the nursing Midwifery Board of Ireland (NMBI) and there was at least one registered nurse on duty at any one time.

Judgment: Compliant

## Regulation 16: Training and staff development



Staff had access to and had attended mandatory training in addition to other relevant courses to support them in their role. Records showed that staff took part in regular appraisals, orientation and induction. Registered nurses had an active registration with Nursing and Midwifery Board of Ireland (NMBI). The inspector observed that a 'buddy system' was in place and that new staff on induction were appropriately supervised on the day of inspection.

Judgment: Compliant

### Regulation 23: Governance and management

While management systems were in place to ensure that the services provided in the centre were safe and consistently monitored, some improvements were required to ensure they were responsive and effective. For example, more than 30 resident's satisfaction surveys were collected. However at the time of inspection there was no evidence that they had been adequately used to inform the annual review as required by the regulation.

Furthermore, environmental and infection prevention and control audits needed to be more robust as they had failed to pick up on some of the issues identified during this inspection. For example, while the centre was clean on observation, the inspector found numerous gaps in the cleaning records schedules maintained. Improved oversight of staff practices was required, specifically in respect of adherence to infection prevention and control guidelines, as further detailed under Regulation 27.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

A complaints policy was in place which met the regulatory requirements. It was displayed in a prominent location in the designated centre. There was one open complaint at the time of inspection, and a review of the complaints logged showed that they had been appropriately managed and in line with the local procedure.

Judgment: Compliant

### Regulation 4: Written policies and procedures

All policies and procedures as outlined in Schedule 5 of the Health Act 2007 (Care

and Welfare of Residents in Designated Centres for Older People) Regulations 2013 had been reviewed and updated within the previous three years. In addition, relevant policies including admission of residents to the centre and end of life care, had been updated to reflect the COVID-19 pandemic and public health guidance. Policies and procedures were observed to be accessible and readily available for staff to review and a list of signatures was in place confirming that staff have read all policies.

Judgment: Compliant

## Quality and safety

The inspection found that residents were generally supported and encouraged to have a good quality of life which was respectful of their wishes and preferences. Residents' needs were being met through good access to healthcare services, and opportunities for social engagement and activities which met their interests and capabilities. There had been significant improvement in medication management which ensured residents were protected by safe practices. However, while the management team was observed to be responsive in their arrangements to manage risks within the centre, some further improvements were required in the use of restrictive practices and infection prevention and control measures to ensure residents' safety was maximised. The specific details are discussed under their respective regulations below.

Residents could see their general practitioner (GP) when needed and records showed that access to a wide range of therapists and specialist expertise was available upon referral. A physiotherapist was employed by the centre who was available four days a week and was actively involved in residents care' with a focus on promoting mobility and independence.

Throughout the day residents were observed engaged in various group activities including group exercises, story telling or enjoying the sun in the lovely internal garden.

Residents told the inspector that they felt safe and well cared for in the centre, and that staff were very diligent in ensuring they were protected from the COVID-19 virus. There was ongoing surveillance of staff and residents for the symptoms of COVID-19 with twice daily temperature checks in place. There was a protocol in place for the management of COVID-19 and staff who communicated with the inspector were clear in respect of what actions they would take for suspected or confirmed cases. Furthermore, there had been a very good uptake of influenza vaccine in 2020 with 90% of staff receiving the vaccine.

Overall, the centre was observed to be largely clean, warm, comfortable and pleasantly decorated. While a preventative maintenance programme was in place, this had been derailed by the pandemic and required to be resumed as some of the

residential and utility areas required further improvement to ensure they met national standards in infection prevention and control.

Improvements were also required in the oversight of restrictive practices such as bedrails, to ensure the centre was consistently promoting a restraint-free environment. Information notified to the inspectorate showed that there had been a steady increase in the use of bedrails in the centre, and a review of the documentation on the day did not assure the inspector that less restrictive options were routinely offered or trialed in line with best practice guidance.

Visiting arrangements were facilitated appropriately in line with public health guidance, and residents were supported to maintain contact with their loved ones through access to communication devices and virtual technology.

The inspector observed that all staff had up-to-date fire safety training and in their conversation with the inspector they were knowledgeable of the evacuation procedure. All residents had personal emergency evacuation plans in place and fire safety equipment was maintained appropriately.

There had been significant improvement in the medication management since the last inspection. A review of medication storage, dispensing, prescribing, administering, and return of unused medication showed good levels of compliance and that practices in the centre were safe. Incidents of medication errors were reported and investigated and measures were put in place to prevent re-occurrence. Regular medication reviews were taking place and medication was discontinued when no longer required.

## Regulation 11: Visits

Visiting was observed to be restricted in the centre in line with public health guidance (Health Protection and Surveillance Centre, *'COVID-19 Guidance on visits to Long Term Residential Care Facilities'*). Indoor visits were taking place based on a risk assessment. Window visits had been facilitated throughout the pandemic compassionate visiting was arranged on an individual basis as required.

Judgment: Compliant

## Regulation 26: Risk management

There was a comprehensive risk management policy in place which met the requirements of the Schedule 5. The risk register had been updated and included those risks associated with the COVID-19 pandemic.

Judgment: Compliant

### Regulation 27: Infection control

While there were numerous example of good practice, the inspector observed a number of areas that required improvement to ensure the centre was in compliance with infection prevention and control standards, including:

- A protocol for the reprocessing of spray and soap bottles was required as the topping up practice in place posed a risk of cross-contamination.
- A full review of the cleaning trolley was needed to ensure it supported safe storage and safe cleaning practices; for example, staff's personal items were observed on the trolley and paper towels were stored exposed at the bottom of the trolley.
- There was a mop head system in use for cleaning with different coloured buckets for bedrooms and toilet facilities. However, the mop heads and water were not changed after each individual room. This posed a risk of cross-contamination and the practice required review.
- A review of all equipment, fixtures and finishings in the centre to ensure they were intact and in good condition and that they supported effective cleaning and disinfection; for example inspector observed some rusty equipment, or chipped and damaged paint on wooden surfaces.
- Enhanced oversight of storage practices throughout the centre was required to prevent from the risk of transmission and cross contamination.
- Enhanced monitoring of staff's adherence to uniform policy; for example used uniforms were observed hanging in the staff changing room or staff's clothing seen inappropriately stored in the housekeeping room.

Judgment: Substantially compliant

### Regulation 28: Fire precautions

The provider had systems in place to promote fire safety and effectively manage risks in the centre. Up-to-date service records were in place for the maintenance of the fire equipment, detection, fire alarm system and emergency lighting.

Residents evacuation needs were assessed and documented and these were updated regularly. Staff had attended the mandatory fire training and were familiar with the evacuation procedure.

An evacuation procedure was displayed and available in key locations around the centre.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an effective medication management system in place. Pharmacy audits took place and the GP completed regular medication reviews. On this inspection, good practice was observed regarding medication management in line with current NMBI Guidance for Registered Nurses and Midwives on Medication Administration (2020). The inspector observed a medication round and found that the nurse adhered to correct hand hygiene processes, took the time in explaining to the resident what the medication was for and only signed for the medication after administering it.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents care plans and found that, in the main, care plans were person-centred, reflected residents' needs and were created in consultation with the resident. There was evidence of comprehensive assessments using validated screening tools, and these were reviewed every four months. Pre-assessments had been carried out prior to admission to the centre, some by telephone as a result of the pandemic.

Judgment: Compliant

### Regulation 6: Health care

Residents' care plans and medical records showed that they had access to a general practitioner (GP) and to specialist health care in line with their needs. Residents were supported to access allied healthcare services as required, including chiropody, tissue viability nursing, dentistry, audiology, dietitian, psychiatry of older age, palliative care and optician services. Where services had been restricted due to the COVID-19 pandemic, phone and video assessments and consultations had been provided.

Judgment: Compliant

## Regulation 7: Managing behaviour that is challenging

There were 17 residents using bedrails on the day of inspection. Although there was evidence of consultation and risk assessments and care plans had been completed, the inspector was not assured that alternatives to bedrails had been proactively considered and trialled in all cases and that informed consent had been obtained in line with local policy. Further action was required to ensure the provider continued to promote and move towards a restraint-free environment, for the benefit of the residents living in the centre.

Judgment: Substantially compliant

## Regulation 8: Protection

There was an updated policy on the prevention, detection and response to abuse available in the centre. Staff had completed training in the safeguarding of vulnerable adults and there were systems in place to protect the residents from abuse. Any allegations were appropriately investigated, followed up and protective measures put in place as required. A review of a sample of staff files showed that staff had An Garda Síochána (police) clearance before working in the centre.

The registered provider was pension agent for a number of residents and records showed that a separate resident account was used for the collection of pension monies in line with the requirements published by the Department of Social Protection (DSP).

Judgment: Compliant

## Regulation 9: Residents' rights

Residents were supported to exercise their rights and their privacy and dignity was respected. Residents were provided with opportunities for meaningful engagement and stimulating activities; appropriate facilities were in place to meet these needs. Residents had access to information, telephones, newspapers, television, internet and other media and records showed consultation and involvement in the running of the centre.

Residents had access to independent advocacy services.

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
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Dunboyne Nursing Home OSV-0000185

Inspection ID: MON-0032536

Date of inspection: 21/06/2021

## 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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>Action reminders will continue to be placed in the household storage area to ensure that daily cleaning records are completed fully during each shift.</p> <p>Reminders re the ongoing importance of infection prevention and control management will be discussed at each handover, signs will be placed in staff areas of the house and protocols will be re-issued via email or post to all staff members.</p> <p>All to be complete by the 29th August 2021</p> <p>A full review of household and IPC audits will be undertaken to ensure that these tools are used to the maximum of their efficiency and that full learning is obtained following each.</p> <p>Review of audit tools to be completed by 30th October 2021.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>A full review of cleaning products/ their supply and distribution and organization within the home has been undertaken. New cleaning trolleys will be distributed which will ensure the security of the cleaning products in use from passing by Residents etc.</p> <p>A new flat mop system is being introduced which will further enhance our robust cleaning protocols. Training has been scheduled for all Household staff for the correct</p>	

use of New Flat Mop system and new Cleaning products .  
 A full equipment review and service will be carried out to ensure that all equipment in use is in good serviceable condition.  
 As before reminders re the ongoing importance of infection prevention and control management will be discussed at each handover, signs will be placed in staff areas of the house and protocols will be re-issued via email or post to all staff members.  
 All to be complete by the 26th September 2021 – subject to delivery and supply of new equipment.

As mentioned above, a full review of the audit tools that govern infection prevention and control management will be conducted to ensure that the tools are useful and that learning is obtained following each.  
 Review to be completed by 30th October 2021.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 All efforts to reduce bedrails or find suitable replacements for those Residents who request their use is ongoing. The preference of our Residents as to how they wish to feel safe & secure is always paramount and will be foremost in any changes that we enact on their behalf.

We monitor the use and different options for bedrails on a monthly basis and are constantly trying to find alternative options to offer our Residents a similar level of security whilst at the same time giving them options to reduce their need for bedrails.

Complete & ongoing

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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	30/10/2021
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	29/08/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections	Substantially Compliant	Yellow	30/10/2021

	published by the Authority are implemented by staff.			
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.	Substantially Compliant	Yellow	03/10/2021