



**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 Ursula's Nursing Home
Name of provider:	Ballyhavil Limited
Address of centre:	Golf Links Road, Bettystown, Meath
Type of inspection:	Short Notice Announced
Date of inspection:	08 September 2020
Centre ID:	OSV-0000171
Fieldwork ID:	MON-0023671

About the designated centre

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

The centre provides 24- hour nursing care for up to 24 residents over the age of 18 years, male and female who require long-term and short-term care or respite. The building has two storeys. Communal facilities and residents' bedroom accommodation consists of 24 single bedrooms, two of which have en-suite facilities. Communal facilities, bathrooms and toilets are available and located within a reasonable distance from bedrooms and communal areas. The centre has a spacious lounge with a variety of seating options, and a number of other sitting areas with views outside. A separate dining room is available on the opposite end to the lounge and sitting areas with 17 bedrooms in between and seven bedrooms on the first floor. A chair lift is available to support residents accommodated on the first floor and work has been initiated to install a passenger lift to be completed later this year (2020). An accessible outdoor area was available and plans to enhance the facilities outdoor were also planned. The philosophy of care is to provide high quality, personalized, friendly and informed care to residents. The Nursing Home endeavours to foster an ethos of independence and choice where residents can recover and build confidence in their abilities with a high standard of nursing and medical care provided. A commitment to providing privacy, dignity and confidentiality to the residents and their families underpins the centre's mission statement.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	24
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

1. Capacity and capability of the service:

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

2. Quality and safety of the service:

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 8 September 2020	09:30hrs to 16:30hrs	Sheila McKeivitt	Lead
Tuesday 8 September 2020	09:30hrs to 16:30hrs	Naomi Lyng	Support

What residents told us and what inspectors observed

Inspectors observed a calm atmosphere as residents relaxed in their living room overlooking Bettystown beach. The centre was bright, warm and homely. Residents who spoke with inspectors said it was a happy and comfortable place to live. One resident told the inspectors they liked it because it was small and informal, and another said they liked it because they got what they wanted without any fuss. One resident said he loved it because he enjoyed the company of the staff and other residents.

Residents spoke to inspectors about their experience of living through the COVID-19 pandemic. They were so thankful that the staff had managed to keep the virus out of their home. They were aware of the COVID-19 risks and the precautions they had to take to protect themselves and others. One resident was hopeful that a vaccine would become available soon. The resident explained how that at present they were fearful of going out for their daily walk as they did not want to increase their risk of catching the virus. Another resident explained how they had decided not to see visitors for the moment due to the fear that they would bring the virus into the centre.

Inspectors observed a number of positive interactions between staff and residents on inspection. Staff were observed to communicate in a patient, caring and polite manner, and were understanding of the individual resident's needs. Residents were complimentary of staff and described them as caring, cheerful and helpful. One resident described the staff as his friends.

The activity coordinator was observed leading group activities in the morning and afternoon, including card making and music. Inspectors observed that residents were offered an alternative activity when choosing not to engage in the group activity. For example, residents were provided with the daily newspaper of their choice and others had their own word search books. Social distancing was observed during activities and in spite of the current restrictions, staff managed to create a lively atmosphere which helped to motivate residents to participate.

All residents spoken with on inspection were complimentary about the quantity, quality and choice of food offered to them. One resident said they got a lovely salad some days and she really enjoyed it. Another resident felt that tea at 4.30 pm was too early. Inspectors observed residents enjoying their lunch with staff available to assist those who required assistance.

Residents felt their health care needs were met. They informed inspectors that they saw their general practitioner when required. Inspectors observed the physiotherapist providing therapy to a number of residents on the day of this inspection. Residents said they enjoyed his visits.

On the day of the inspection, visiting restrictions were in place. Two seated areas

were organised for residents to receive their visitors; one in the sun lounge and one sheltered area outside the centre. Residents who had chosen not to have visitors were assisted to maintain contact with families via phone and the use of a computer tablet.

Inspectors found that the centre was, as described by one resident, " a peaceful place to live".

Capacity and capability

This was an announced inspection undertaken as part of an application by the registered provider to re-register the centre in accordance with the requirements set out in the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015. This inspection also assessed the preparedness of the centre in the event of an outbreak of COVID-19. Inspectors found that overall, systems were in place to support the safe and effective delivery of care to residents, and that residents were complimentary about the care and support that they received.

Inspectors identified some areas for improvement from the previous inspection had not been fully addressed by the provider and required further review. This included governance and management, fire safety, staff training and development, individual assessment and care plans and procedures for managing challenging behaviour. These are discussed further under the relevant regulations.

Renovations were underway to improve the centre's facilities as required by the condition placed on registration of the centre in 2017. This included the installation of a lift, improving seating areas on the ground floor and first floor, and the installation of a new sluice room. Work had been delayed due to the COVID-19 pandemic and inspectors were told that the provider expected work to be completed by early November 2020.

The centre had not experienced a COVID-19 outbreak, and staff and residents were grateful that practical measures were in place to reduce the risk of introducing the virus into the designated centre. Management had a working contingency plan in place, and had completed a self-assessment of the centre's preparedness . This included visiting arrangements, admissions procedures, use of relief staff in the event of staff shortages, availability of PPE and infection control procedures. The provider ensured that the centre had appropriate and sufficient resources to both prevent and manage a COVID-19 outbreak. Staff spoken to during the inspection reported that they felt supported by management during what continues to be a very challenging time, and inspectors observed good morale among the team.

Inspectors reviewed a sample of staff files and observed that records were maintained as per Schedule 2 requirements. These records showed that staff were recruited in compliance with employment and equality legislation, including the attainment of a vetting disclosure in accordance with the National Vetting Bureau

(Children and Vulnerable Persons) Act 2012. The person in charge reported that all staff must have a valid vetting disclosure prior to commencing employment at the centre.

Registration Regulation 4: Application for registration or renewal of registration

An application for the renewal of registration had been made within the time requirements. Amendments were made to the application form during inspection and resubmitted. The fees had been paid and the prescribed information had been submitted. Renovations to the centre, including the installation of a lift and a communal recreational area, required by conditions on the previous registration were underway and due for completion in November 2020.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge was employed full-time at the designated centre and had been in the position since 2017. She was a registered nurse with over 15 years experience working with older persons, and had obtained a management qualification in a health-related field. She had current valid Gardai vetting and provided all documents required by schedule 2 of the regulations.

Residents were familiar with the person in charge and she had a good oversight of the day to day operations in the centre.

Judgment: Compliant

Regulation 15: Staffing

Based on the review of a selection of staff rosters and observations of inspectors on the day of inspection, there was an adequate number and skill mix of staff to meet the needs of the residents having regard to the size and layout of the designated centre. There was a minimum of one registered nurse on duty 24hours a day.

Staff spoken to on inspection were knowledgeable of their roles and responsibilities. There was an activity coordinator available in the centre four days a week and when she was not on duty nursing staff and care staff ensured residents had access to meaningful activities appropriate to their needs. However inspectors found that the input of nursing and care staff in the activities programme was not consistently recorded in the daily records. This is addressed further under

Regulation 23.

Judgment: Compliant

Regulation 16: Training and staff development

A staff training matrix was maintained in the centre. This indicated that while the majority of staff had completed mandatory training, gaps were found in training records for a small number of staff. This included training in fire safety, managing behaviour that is challenging and cardiopulmonary resuscitation. In addition the training record did not demonstrate that occasional relief staff that worked in the centre had received appropriate fire safety training.

New staff were subject to an induction process which included orientation with the person in charge, being aligned with a peer colleague as part of a buddy system and receiving an appraisal at three months and one year periods. As a result staff were clear about what was expected of them in their roles and the standards of work that were required.

Judgment: Substantially compliant

Regulation 23: Governance and management

The inspection was facilitated by the Registered Provider Representative (RPR), Person Participating in Management (PPIM) and Person in Charge (PIC). There was a clearly defined management structure in place in the centre. The management team were aware of their lines of authority and accountability, and it was evident that residents and staff were familiar and comfortable communicating with the management team.

A multidisciplinary team was established to govern the contingency plan in the COVID-19 preparedness phase. This team met weekly and identified on-call arrangements so that management was available to support staff at all times. Staff ensured residents were informed about the pandemic and during the restrictions staff promoted communication via phone calls, use of a computer tablet and window-visits between residents and their loved ones.

There was a record of monthly governance meetings in 2020 and a governance and management report had been completed in September 2020. This highlighted that an increasing number of residents were using bed rails but did not identify why this was happening and an action plan to address the issue. This is discussed further under Regulation 7.

While there was an auditing programme in place, improvements were required to

ensure the monitoring and review systems in some areas were effective. For example, gaps in mandatory staff training had not been identified by the management team and as a result had not been addressed. In addition managers had not identified that the record of daily activities was not consistently maintained. As a result there was no record of activities carried out with residents on a number of days.

Furthermore an annual review had been completed for 2019 which contained analysis of the data collected from clinical audits undertaken in the centre. This included key quality and safety areas such as falls and medication errors. However inspectors found that the quality improvement plan did not adequately address the findings of these audits and did not include a time-frame for completion of improvement actions. In addition it was not evident that residents or their loved ones had been consulted in the completion of this annual review of the service.

There were adequate resources available to ensure that care was provided in accordance with the centre's statement of purpose. Staffing levels were adequate to meet the assessed needs of the residents.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

Amendments were made to the centre's statement of purpose during the inspection. The statement of purpose now contained all the information set out in Schedule 1 of the regulations and in accordance with the guidance.

Judgment: Compliant

Regulation 4: Written policies and procedures

Policies and procedures as set out in schedule 5 were in place in the centre. These were available to staff and all had been updated in 2020. A number of the policies had been updated to reflect changes during the COVID-19 pandemic and had been updated with the most recent public health guidance.

A COVID-19 resource folder was made available to staff . This contained relevant and essential information including the COVID-19 contingency plan, infection control procedures and visiting guidelines. Inspectors observed that this had not been updated with the most recent public health guidance and guidelines and this was addressed by the provider on the day of inspection.

Judgment: Compliant

Quality and safety

Residents received a high quality of care and support from the staff team. It was evident that staff working in the centre had supported residents who were dealing with the changes to their lives brought about by the COVID-19 pandemic and the restrictions that were put into place.

Overall, inspectors found that residents' medical, nursing and social care needs were assessed, and comprehensive care plans were put in place which reflected the residents' individual preferences. Each resident had a COVID-19 Risk Care Plan which detailed the care to be provided to each resident to prevent infection.

There was a high use of bed rails in the centre. Records reviewed did not always reflect the alternative offered to or trialled by the resident prior to a bed rail being provided. The use of bed rails had increased over the last six months and did not reflect the national policy "Towards a Restraint Free Environment in Nursing Homes".

Residents were happy to receive visitors again. Although residents' activities were restricted due to COVID-19, the activities co-ordinator and care staff continued with a programme of activities which kept the residents motivated during this difficult period.

Overall the centre was clean and inspectors found that infection prevention and control processes and procedures were in place. The provider had invested in equipment to prevent the infection coming into the centre. For example, there was a foot cleanser at the front door and an automatic temperature checking device for staff and others coming into the centre.

The inspectors reviewed the centre's risk register and found that the register was not comprehensive. It did not identify all of the potential risks and include the plans to mitigate risks in order to safeguard residents.

The centre was undergoing a two-storey extension which would increase the communal space available to residents. This included the installation of a lift. There was an adequate amount of communal bathrooms to meet the needs of residents on both floors of the centre. A sluice room was available on each floor with a bedpan washer situated in both.

Regulation 11: Visits

Inspectors saw that staff made every effort to provide suitable facilities for residents to meet and communicate with their visitors in accordance with the restrictions imposed by COVID-19. This was in line with current infection prevention and control guidance.

Judgment: Compliant

Regulation 17: Premises

The premises did not fully meet the needs of residents on the day of inspection. The centre had a condition attached to its current registration which required the provider to install a passenger lift between floors and increase the communal space. A two-storey extension was in progress which included a lift shaft and lift. Work had been delayed due to COVID-19 and it was now estimated to be completed in early November 2020. On completion the extension would also include a small seated area for residents on both ground and first floors, and a new store room. The dining room was not accessible to residents during this construction period.

The external garden was also being re-configured into a sensory garden and would be accessible to residents from the new downstairs seating area. On the day of inspection a secure outdoor seated area was available for resident use. This area was also used to facilitate visits when the weather was suitable.

Inspectors noted that the velux windows in the upstairs bedrooms were made of frosted glass. The windows were large and provided for a good amount of day light into the bedrooms. Each one contained a blind, so that residents could block out the light if they wanted. Inspectors spoke to three of the occupants of these upstairs bedrooms and they confirmed that they did not mind the fact that they could not see out of the window when it was closed. However the windows did not meet the required standard as residents could not easily see out of the windows when they were closed.

Judgment: Substantially compliant

Regulation 26: Risk management

The centre had up-to-date policies and procedures relating to health and safety. A risk management policy was available and a risk register was used to identify and assess risks in the designated centre. This included risk assessments, escalation of risks and the mitigation of risks. Risks were identified and records showed that there were appropriate controls in place to manage risks and that a responsible person was assigned to ensure that this was implemented. However inspectors

noted that not all potential risks were included in the register including:

- the risk associated with a resident falling off the stair lift
- the risk associated with evacuating residents from the first floor at night when only two staff are on duty
- relief staff working night shifts did not have up to date fire safety training
- hot water tap not working in the staff bathroom
- unsecured oxygen cylinder stored in stairwell
- mobility equipment stored in front of a fire exit door.

A comprehensive COVID-19 risk assessment had been completed and there were contingency controls in place which included workforce planning, resources, infection control and environmental hygiene, catering, visiting and communication arrangements.

Judgment: Substantially compliant

Regulation 27: Infection control

The centre had not had a COVID-19 outbreak to date and inspectors saw that there were formalised arrangements in place to manage a COVID-19 outbreak in the centre. There was a comprehensive range of policies and procedures in place to guide staff in infection prevention and control practices, however the COVID-19 contingency plan needed to be updated with the latest public health guidance.

The centre had systems in place to manage and control infection outbreaks. Monthly audits of infection control practice was carried out by management. Inspectors were informed that patients recently admitted from an acute hospital were isolated on admission in line with national guidance. The person in charge had ensured that all staff working in the centre had attended mandatory training in infection prevention and control. Training records showed that a number of staff had also attended further training in relation to the COVID-19 outbreak. However inspectors identified some gaps in the records of training in hand hygiene, infection control refresher training, and personal protective equipment (PPE) training.

There were good systems in place to ensure appropriate PPE was available, stocked and used in line with current guidance. There were adequate and appropriate hand hygiene facilities and products available throughout the centre. Staff were observed to follow good practices in hand hygiene and the correct use of PPE. Staff were seen to maintain and encourage appropriate social distancing in their day to day work.

Overall, the centre was clean. There were cleaning processes in place, which were documented in daily cleaning sign off sheets held by cleaning staff. Cleaning and cleaning documentation were available for review. Cleaning staff and nursing staff,

who spoke with the inspectors, were aware of their roles and responsibilities and the cleaning processes required for terminal cleaning and this was reflected in the records. However, inspectors observed that housekeeping staff were not always available after 2:30pm. Staff reported that nursing and care staff ensured that commonly touched areas such as door handles and hand rails, communal areas such as the large sitting room, and the visitors room in between visits, were thoroughly cleaned and disinfected at appropriate times. There were no records of completion of these cleaning duties available for review. As a result, inspectors were not assured that appropriate oversight was in place to ensure effective cleaning practices were being followed.

There were safe laundry arrangements in place.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The fire extinguishers were serviced on an annual basis. Inspectors noted that the emergency lighting and the fire alarm system was serviced by a competent person on a quarterly basis.

Fire drills and fire training had been completed on several occasions in the centre. However, as discussed under Regulation 16, a small number of staff required updated fire training. Simulated evacuations had been practiced in 2020. However, the frequency of the night-time practice needed to be increased as there were just two staff on night duty and the last drill practiced with night staff was in 2019.

Personal evacuation plans were available for each resident.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Records showed that prior to admission each intended resident had an assessment of their health, personal and social care needs. A comprehensive nursing assessment was completed within 48 hours of the resident's admission and a range of validated assessment tools were used to inform the care plans developed. Care plans were well maintained and were subject to three monthly reviews or sooner if changes had occurred. The contents of these care plans was up to date and reflected the person-centred care being delivered for residents on the day of the inspection.

Residents, and where appropriate, their relatives or friends, were involved in the

care planning and supported decisions made.

Inspectors noted that one new admission had not been seen by their GP although he had been admitted more than 48hrs earlier. Records reviewed did not reflect whether the GP had been contacted and requested to review the resident within 48hrs of their admission to the centre. Inspectors were informed prior to the end of the inspection that this resident's GP had confirmed that he would attend the centre to review the resident the following day.

Judgment: Substantially compliant

Regulation 6: Health care

There was evidence of medical reviews of residents and evidence of the involvement of allied health professionals services.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Communication with staff showed that they had sufficient knowledge and skills appropriate to their role to respond to and manage behaviours that were responsive.

A large number of residents were using bed rails and staff considered that this was in the interest of resident safety. Use of bed rails in the centre requires review to ensure that residents are not unnecessarily restricted and to ensure the centre is moving towards a restraint free environment.

Judgment: Substantially compliant

Regulation 8: Protection

There was a safeguarding policy in place. Staff attended training in safeguarding vulnerable persons. Staff who spoke with the inspectors were clear about their responsibility to report safeguarding concerns. There were clear processes in place to investigate any concerns raised.

The provider submitted evidence post this inspection which assured inspectors that the process followed by the provider as a pension agent for a small number of

residents was safe.

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	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Substantially 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	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St Ursula's Nursing Home OSV-0000171

Inspection ID: MON-0023671

Date of inspection: 08/09/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Initial Covid training was completed by all staff and continuous training is ongoing. The missing Covid training certificates have been added to the file. Further training has been arranged.</p>	
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>The gaps in training have been addressed, but due to Covid and Lockdown there had been some delays.</p> <p>Annual review quality improvement is now complete.</p> <p>Daily activities records have been completed daily in nursing notes and now also activity folder.</p> <p>Bed rail usage has been reviewed.</p>	
Regulation 17: Premises	Substantially Compliant

<p>Outline how you are going to come into compliance with Regulation 17: Premises: The passenger lift is installed and work is ongoing, there have been obvious delays in sourcing materials/supplies due to Covid-19 and lockdowns. The velux windows will be replaced.</p>	
Regulation 26: Risk management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 26: Risk management: The risk register has been updated and includes all potential risks.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: The latest public health guidance is included in the Covid-19 contingency plan. All training certs are present in the folder. There is documentation in place for cleaning and disinfecting frequently touched areas in the afternoon/evening/night.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Daily checks on the fire exits have always been carried out by the housekeeping staff & documented. Fire training is arranged for staff. Nighttime fire evacuations have been completed.</p>	
Regulation 5: Individual assessment	Substantially Compliant

and care plan	
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: Some GP's have refused to review residents in the nursing home since Level 3 due to the risk of Covid-19. The new admission has since changed GP's and has been reviewed.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: Bed rail usage is under review.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	20/11/2020
Regulation 16(2)(c)	The person in charge shall ensure that copies of relevant guidance published from time to time by Government or statutory agencies in relation to designated centres for older people are available to staff.	Substantially Compliant	Yellow	23/10/2020
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/06/2021
Regulation 23(c)	The registered provider shall	Substantially Compliant	Yellow	20/11/2020

	ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 23(d)	The registered provider shall ensure that there is an annual review of the quality and safety of care delivered to residents in the designated centre to ensure that such care is in accordance with relevant standards set by the Authority under section 8 of the Act and approved by the Minister under section 10 of the Act.	Substantially Compliant	Yellow	23/10/2020
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	23/10/2020
Regulation 26(1)(a)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes hazard identification and assessment of risks throughout	Substantially Compliant	Yellow	23/10/2020

	the designated centre.			
Regulation 26(1)(b)	The registered provider shall ensure that the risk management policy set out in Schedule 5 includes the measures and actions in place to control the risks identified.	Substantially Compliant	Yellow	23/10/2020
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	23/10/2020
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	23/10/2020
Regulation 5(3)	The person in charge shall prepare a care	Substantially Compliant	Yellow	23/10/2020

	<p>plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.</p>			
Regulation 7(3)	<p>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.</p>	Substantially Compliant	Yellow	20/11/2020