



**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:	Glenaulin Nursing Home
Name of provider:	Glenaulin Nursing Home Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	06 January 2021
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0031654

About the designated centre

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

The service provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require; long term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end of life care. The designated centre is based in a period residence built in 1903. The property has been extended and adapted to provide accommodation for 87 residents with 41 single rooms, 13 twin rooms and six multi-occupancy rooms. Accommodation is provided over three floors with a passenger lift between floors. There are disabled access toilet and bathrooms on each floor and a number of bedrooms are en-suite. Communal areas consist of spacious dining and lounge areas, a visitors room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey. There are pleasant landscaped areas in each garden which are easily accessed from the ground and lower ground floors and are well used by residents and their families in the fine weather. The centre is located close to local shops and amenities and is on a public transport route. There is parking to the front of the building.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

84

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Wednesday 6 January 2021	09:30hrs to 18:15hrs	Gearoid Harrahill	Lead
Wednesday 6 January 2021	09:30hrs to 18:15hrs	Michael Dunne	Lead

What residents told us and what inspectors observed

Inspectors found a comfortable and relaxed atmosphere in this designated centre and residents enjoying their day and supported to follow as much of their normal routine as possible. Residents told inspectors that they had had an enjoyable Christmas in the centre.

Residents spoke highly of staff and inspectors observed a friendly and mutually respectful relationship between staff and residents. Staff were patient and discreet when providing personal assistance or in instances where residents appeared confused or agitated. Inspectors observed good examples of residents chatting and joking among themselves and with staff, and staff were supporting residents to socialise and gather with their friends while also practicing safe distancing.

The centre was busy through the day and residents followed a routine in which they were occupied and entertained. Residents were observed singing, reading, keeping their hands busy, and strolling around the designated centre without obstruction. Some residents enjoyed sitting out in the garden or going for a smoke and staff ensured they were dressed for the cold weather. Some residents had a preferred location to sit and relax and this was known and facilitated by staff.

Inspectors observed evidence of residents being supported to understand the effects of the pandemic and have any concerns put at ease. The provider carried out an exercise to ascertain resident experiences during the pandemic and included a review of their own support measures for residents in order to improve residents' lived experiences. Residents were seen using hand sanitizer when moving between areas, as well as asking staff to support them with hand hygiene before having their meals.

Residents were observed attending a socially distanced exercise class called balloon badminton with all residents appearing to enjoy the experience. Staff were seen to support and encourage residents participation in this activity. Inspectors observed a well-organised schedule of activities to cater for a range of resident interests. Residents spoken with told inspectors that staff were available to support them pursue their own individual interest should they want to.

Residents who required staff assistance with their transfer or their mobility were attended to by staff who were aware of their individual needs. Residents being transferred from a chair to their own wheelchair were observed to be assisted in a person-centred manner with staff communicating appropriately with the resident at each stage of the process. Inspectors noted that call bells were answered in a timely manner with staff attending to residents within accepted waiting times.

Capacity and capability

Inspectors found that the service provider had suitable measures and structures in effect to ensure that in light of the ongoing COVID-19 pandemic, the provider was maintaining oversight and continuity of the operational aspects of the designated centre to mitigate the impact or interruption on the service as far as practicable. The provider had strived for continuity of support for both residents and staff and had suitable contingency plans set up to respond to risks posed by the pandemic in a manner which made sense for the building, staff team and residents of the designated centre.

The provider experienced an outbreak in this designated centre early in the pandemic, from March to May of 2020. Both staff and residents were required to isolate when tested positive for COVID-19, and on the day of inspection, seven residents had sadly passed away due to the illness. During and since this outbreak, the provider had kept the chief inspector apprised of the situation and outlined the strategies employed to mitigate the impact on the service and the residents. Management and staff in the designated centre had received support where required from the public health team and regularly engaged with the community services.

The provider had composed a comprehensive COVID-19 contingency plan which set out the measures in place to control, and to respond to, actual or potential risks associated with the pandemic and the secondary effects including staff depletion, interruption of supply lines, absence of senior management and restrictions on visits, outings and the recreation programmes. Inspectors found evidence of how this plan had been amended and evolved through the year in response to changing national directives. The plan was also adjusted following a post-outbreak analyses within the centre of what strategies had and had not proved effective in their intended purpose, and where unexpected challenges arose.

In addition, inspectors found that the provider had continued to carry out general audits on aspects of care and support in the centre, and these were selected based on recurring trends or areas of improvement identified in the service. For example, the provider had continued with monthly audits and spot-checks of how long residents waited for their call-bells to be answered, and inspectors found that the average wait time for residents was trending downwards through the year.

Inspectors reviewed the service's most recent annual review which collated the primary findings from audits, incident analysis, complaints, and programmes to enhance the service premises. The provider had outlined strategies to collect information of the lived experience, suggestions and feedback of the residents, however it was identified that the key findings from this data collection was not reflected in this annual report. The report for 2020 was in draft at the time of inspection.

Inspectors found that there were sufficient number and skill-mix of staff available to

support the assessed needs of the residents. Staff were observed responding to and supporting residents, in accordance with their level of dependence and in a patient and friendly way. Inspectors observed examples of positive and encouraging engagement with residents, with chatting and banter in a relaxed environment. This included instances in which residents were upset and agitated, or where residents required hygiene and mobility support, again in which staff interacted in a manner that was discreet and respectful.

The provider had continued to recruit staff to boost the complement of care personnel. This allowed staff to more easily attend to residents who were more spread apart in the building, and reduce the need to bring in external personnel to cover absences. Staff members were listed on a worked roster, however on some rosters clock times were used, and on others the provider used colour and alphanumeric codes to denote information such as times worked and locations to which staff were allocated in the morning and afternoon. These were not consistently accompanied by a legend indicating what times staff began and ended their shift, what time they changed location, or by whom they had their shifts covered when absent or on a training day.

Staff attended meetings and handovers to ensure they were kept up to date with the news related to the centre, the residents, ongoing risks and actions required in light of audit findings and quality improvement strategies. Staff had been facilitated to attend their mandatory training in smaller groups or using remote or online learning. Newly recruited staff were facilitated to receive rudimentary orientation and essential training until the next available formal session. Inspectors found evidence to indicate that staff supervision and induction had been maintained to ensure that staff were receiving support and development opportunities relative to their roles. Staff who spoke with inspectors felt supported to carry on their role as close to a normal routine as was possible, and the provider had supplied information to staff on external support and counselling services of which they could avail if needed.

Regulation 15: Staffing

There was a sufficient number and skill mix of personnel available to support residents and their assessed needs. The provider had recruited to increase the complement of available centre staff. Residents had access to at least one nurse at all times of day and night, and contingency arrangements were in place to arrange cover for staff needing to go off-duty.

Judgment: Compliant

Regulation 16: Training and staff development

All staff were facilitated to stay up to date on their mandatory training and has also received training in staying safe and employing correct infection prevention and control techniques. Structures were maintained regarding ongoing staff development, including induction, probation and appraisal systems.

Judgment: Compliant

Regulation 21: Records

Where codes were used on staffing rosters, clarity was required on indicating when staff started and ended their shift, when they relocated in the afternoon, to where they were allocated, and who covered which shift in the event of absence.

Judgment: Substantially compliant

Regulation 23: Governance and management

The service provider had arrangements in place to ensure that there were sufficient staffing, premises and equipment resources to support the assessed needs of the residents.

Inspectors found examples of how the provider had used the findings of their audits and post-incidents analyses to ensure that the service provided was safe, appropriate, consistent and monitored, and could continue to be so in the event of future infection outbreak.

Some review was required in the composition of the annual review to ensure that it is done in consultation with residents and their representatives.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of resident contracts, which included necessary information on the terms of residency and the associated fees payable.

Judgment: Compliant

Quality and safety

Inspectors were confident that there were systems in place to ensure positive outcomes for residents regarding their health and social care needs. There were however some improvements required in relation to ensuring care plan reviews contained sufficient information to evaluate current care and support interventions effectively. A well-organised activity programme combined with one-to-one support ensured that residents had opportunities to spend their free time in a meaningful way and according to their own individual interest. Regular consultation with residents through resident meetings and other methods such as satisfaction surveys ensured that the voice of the residents was heard and acted upon. A survey carried out by the provider attempted to gather resident experiences during the pandemic to see how improvements could be made to improve residents overall lived experience during this time.

There were robust healthcare arrangements in place to ensure that residents healthcare needs were attended to in a timely manner. There was regular liaison with general practitioner (GP) services and inspectors noted that anticipatory prescribing was in place for residents who were receiving end-of-life care. Links to allied healthcare services such as dietitian, speech and language therapy, tissue viability nursing were maintained during the pandemic with referrals moved to an online process. Access to primary health care services such as chiropody optical services and dental services were also available for resident use. Established links were also in place for accessing services relating to psychiatry of later life and palliative care.

An auditing system focusing on nursing metrics allowed the centre to monitor resident healthcare provision on an ongoing basis. Multi-disciplinary team meetings and clinical governance meetings gave management oversight to overall healthcare provision.

The provider had made improvements to fire safety arrangements in the centre by the addition of an extra fire door on the first floor. This reduced the compartment size in terms of resident numbers living in the compartment and facilitated the ability of staff to evacuate more effectively in the event of fire. The needs of these residents, and in particular their mobility needs, was kept under review by the provider. The evacuation procedures of the centre were enhanced by the provider using a range of simulated exercises to evacuate residents in the event of fire. These simulations took account of potential fire safety events occurring at different locations within the centre and with different staff resources available to carry out the evacuation. These simulations allowed the provider to be able to reflect on the effectiveness of their current evacuation procedures and to make improvements where required.

The provider had identified a location in the building which would be designated for use in the event that residents tested positive for COVID-19. This area could effectively accommodate residents on a temporary basis and allow designated staff to

enter and exit the area directly from outside to reduce transmission risk. There was also an area allocated for use by residents who were suspected and awaiting a test, were newly admitted or recently returned to the designated centre. Staff were observed diligently employing appropriate hand hygiene techniques and proper use of person protective equipment and face coverings, and some of the residents were supported to do the same. Staff supported residents to keep a safe distance from one another, but in a way that they could still chat with their friends. The centre was clean and kept in a good state of maintenance. Areas such as utility rooms, cleaner's stores and shared toilet and shower areas were clean. All areas were on a schedule for both routine cleaning as well as a more thorough deep-clean.

The provider had rearranged a room in the building to allow for residents to receive their visitors safely and comfortably. This area was immediately accessible from outside so could be accessed without entering the rest of the building. A schedule was used to optimise the time and ensure there was sufficient time for the number of residents living there to have reasonable contact with their family and friends. Newsletters and emails assisted families to stay updated on the centre's news, and calls by video and phone were used to maintain contact between residents and their loved ones.

Regulation 11: Visits

Arrangements were in effect to ensure that residents could receive their loved ones in a safe and comfortable manner. Exceptions to visiting restrictions during the pandemic were accommodated for in specified circumstances.

Judgment: Compliant

Regulation 27: Infection control

The provider had suitable arrangements to ensure that residents and staff were supported to stay safe from the risks associated with COVID-19 global pandemic. There was a sufficient supply of personal protective equipment and sanitiser available, and both staff and residents were observed following good practices on hand hygiene and social distancing. Staff were diligently self-monitoring for temperature and symptoms to identify potential or actual infection risk.

The building was clean and well-ventilated, and an area had been identified for residents to use when isolating which would allow for easy separation of designated staff. All areas of the building were subject to schedules of regular and enhanced cleaning of bedrooms and shared areas.

The provider had engaged regularly with the appropriate external entities such as the Department of Public Health during and since the outbreak, and had

continuously amended the centre-specific response strategy to ensure its effectiveness for the circumstances and people of this designated centre, and the changing national directives.

Judgment: Compliant

Regulation 28: Fire precautions

All staff were trained in the centres fire safety procedures including the safe evacuation of residents. Fire safety awareness training was held over a number of days in July 2020 with a focus on evacuation procedures, the fire alarm system, emergency lighting systems and evacuation with the use of evacuation transport mats to assist non-ambulatory residents. Staff confirmed that they attended training and were aware of the centre's fire evacuation procedures.

Inspectors reviewed a number of simulated drills and found that the provider used a range of different scenarios to enhance staff learning and to assess the centre's ability to evacuate residents safely. For example one scenario carried out in October 2020 focused on the horizontal evacuation of a compartment and identified the lessons learned from that simulation.

The centre was well served with fire extinguishers located throughout the building. Fire maps and fire signage was available to direct people to the nearest fire exit. Inspectors noted that fire exits were clear of obstruction to allow safe evacuation in the event of a fire. A review of the fire alarm system and the emergency lighting systems was carried out by fire engineers in July and December 2020.

Inspectors reviewed a range of risk assessments associated with risk of fire including a review of changes the provider made to a compartment on the first floor. These changes enhanced the overall safety of the residents in this location against the risk of fire through the installation of an additional fire door which reduced the overall numbers of residents living in the compartment. A comprehensive review of residents mobility needs in this location was also undertaken and inspectors noted that residents living in this compartment were independently mobile.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The provider had appropriate pre-admission arrangements in place to ensure that the designated centre was suitable for the resident and that their health and social care needs could be met.

A comprehensive assessment in conjunction with associated risk assessments were

seen to be completed shortly after the resident's admission to the centre. This allowed the centre to formulate care plan interventions to meet the identified needs of the individual resident.

Inspectors reviewed a number of care plans with the person in charge and found that care plans were in place for all records reviewed. Care plans in general were well written giving a clear explanation of the resident need and the required interventions to address those needs. Care plans were written in consultation with residents and their families but inspectors found some care plans where this was not the case. The centre's internal audit system had identified this as an issue and management were attempting to improve compliance in this area. Similarly all care plans seen were reviewed within the required four month period or as and when required. Care plan evaluation as part of the review process required review to ensure that when care plans were altered that clear rationale was identified for making the required change.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents living in the centre could expect good outcomes in relation to accessing healthcare input from medical professionals and in relation to the quality of healthcare provided by the staff team in the centre. The centre had access to two GPs who provided ongoing healthcare input to the residents.

Inspectors were informed that due to the current pandemic referrals to services such as dietitians, tissue viability nursing and speech and language therapy was done remotely but that this did not have a negative impact on resident's accessing these services. Inspectors reviewed care records and verified that residents were referred to these services in a timely manner. Access to other primary healthcare services were well established with links to chiropody, optician and dental input available in the centre.

Residents could access a physiotherapist on a part-time basis from Monday to Wednesday each week while occupational therapy input was provided through referral to community services. Inspectors noted that residents had access to well-maintained mobility equipment and specialised seating where appropriate. Residents who required supervision with mobility and transfer were seen to receive this input from staff throughout the day.

Arrangements were in place for residents to receive specialist input from psychiatry of later life based at Tallaght Hospital.

Monitoring of clinical healthcare input was reviewed on a regular basis with the centre carrying out a range of audits to monitor these interventions. Staff had access to relevant training to support their input and maintain their professional

expertise.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The centre was working towards a restraint free environment in line with national guidance. There was a restraint register in place which was updated and reviewed on a regular basis by the management team.

There was an auditing system in place to review the use of all restrictive practices in the centre focusing on the use of bed rails, chair alarms, lap belts and low entry beds. A review of the centre's audits for restrictive practice in 2019 and 2020 indicated improvements in the recording of the rationale behind the use of the restrictive measure that was implemented. Care records also indicated that there was an increase in the number of risk assessments in place which were associated with the use the restrictive practice.

Although inspectors saw improvement in this area not all resident records contained the required information regarding the rationale or risk associated with the use of the restrictive practice. Inspectors noted that a resident's care record had not been updated regarding guidance issued by a general practitioner in relation to the use of prn (administered as required) medication where it was highlighted that there was a risk of falls with its continued use.

Inspectors also observed staff interactions with residents who displayed behavioural and psychological symptoms of dementia (BPSD) and found their interactions to be effective in deescalating potentially challenging situations. It was clear that staff were aware of the triggers that lay behind such behaviour and were able to ensure that all residents were supported in the correct and appropriate manner.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There were opportunities for residents to take part in a well organised programme of socially distanced group activities or to engage in a range of one to one activities organised according to their individual interest. Inspectors were able to observe these activities happening throughout the day.

Inspectors also observed residents being encouraged to participate in their chosen activities and noted staff were aware of residents communication needs and provided appropriate support interventions to ensure residents enjoyed these activity sessions. Rapport between staff and residents was based on respect for the

individual with residents given time and space to air their views by the staff.

All residents spoken with by the inspectors gave positive feedback on the nature and support provided to them by the staff team.

On the day of the inspection indoor visits had been suspended since the previous week however residents were supported to maintain links with their loved ones by either using video software or by maintaining contact by phone. There was a visitor's room available in the centre to facilitate visits from residents' relatives when restrictions on visits were eased. Window visits were continuing where appropriate and the centre facilitated compassionate visits for residents who were in receipt of palliative care.

The provider was keen to assess the impact of COVID-19 on the residents during the pandemic and commissioned a residents survey which focused on how the provider could improve the quality of life for the residents. Residents were asked "if they were given enough information about the pandemic and if residents felt content with the level of family contact". This information was analysed and acted upon according to the results received.

The provider was keen to ensure that the centre maintained high quality communication between the home, the residents and their relatives. A well-established seasonal newsletter provided key information on events through the year and was widely circulated to residents and families. The provider was also looking to enhance their on line exposure and was in the course of developing its website.

Resident meetings were happening on a regular basis with high numbers of residents attending each session. These meetings were structured in a manner to capture resident's views and provided meaningful feedback on key events in the centre. Access to independent advocacy services was also available for residents to use.

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 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 9: Residents' rights	Compliant

Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0031654

Date of inspection: 06/01/2021

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 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records: The rota in question is now designed with clock times indicating the start and end times of each shift. It also outlines the allocation of staff on each floor. It is clear who is allocated a shift should another staff member leave the floor for some reason, i.e. training.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: Residents' questionnaires/survey findings to be included in the Annual review. Currently working on the Annual Review for the year 2020 to be completed by the 31/03/2021.</p> <p>Residents' council meetings to increase monthly and/or if there's any changes or updates on the current Public Health Guidelines during the Pandemic.</p> <p>At these meetings, residents are asked of any suggestions on how we can improve their experiences of daily living and the residents are also asked what improvements they would like to see with regard to the physical environment of their home.</p> <p>At the end of the current year meeting with the residents, their opinions, suggestions and requests will be sought to plan for the next year's annual review/plan</p>	

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: Continue monitoring individual resident's care plans through audits to include Rationale of any alteration in the care plan. Assessment and Care Plan Audit Tool is updated to reflect this.</p> <p>This was discussed at the recent Nurse's meeting and will be part of discussion in the future meetings.</p> <p>Assessment and Care Plan Training for all nurses is scheduled for 18/03/2021 & 31/03/2021.</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: Any resident with PRN Psychotropic medications will have individual Risk Assessments and it will be incorporated in the resident's care plans and discussed with the residents and their next of kin.</p> <p>Medications Usage Review with the GP, Pharmacist and Person in Charge are scheduled every 4 months and this is arranged by the Pharmacist.</p> <p>Findings of the inspection were discussed at the recent nurse meeting and use of PRN Psychotropics and will be discussed in the future meetings.</p> <p>Auditing of the restrictive practice to include the use of PRN psychotropic medications.</p> <p>Restrictive Practice training is scheduled for the month of 18/03/2021 & 31/03/2021.</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 21(1)	The registered provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Substantially Compliant	Yellow	01/03/2021
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	31/03/2021
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	Substantially Compliant	Yellow	30/04/2021

	it, after consultation with the resident concerned and where appropriate that resident's family.			
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 not restrictive.	Substantially Compliant	Yellow	30/04/2021