



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

Issued by the Chief Inspector

Name of designated centre:	Villa Marie Nursing Home
Name of provider:	Villa Marie Nursing Home Limited
Address of centre:	Grange, Templemore Road, Roscrea, Tipperary
Type of inspection:	Unannounced
Date of inspection:	21 February 2023
Centre ID:	OSV-0000437
Fieldwork ID:	MON-0039344

About the designated centre

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

Villa Marie Nursing Home is a family run nursing home on the outskirts of Roscrea town which has been renovated to a high standard in the last few years. The aims of the centre are: a) to provide a residential setting where residents are cared for, supported and valued within a care environment that promotes personal choice, health and and b)to provide a high standard of care in accordance with evidence-based best practice. The centre strives to provide a living environment that as far as possible replicates residents' previous life style, to ensure that residents live in a comfortable, clean, safe environment. The nursing home can accommodate up to 30 residents in both single and double bedrooms many of which are en suite. Both male and female residents with the following care needs are catered for: General care, Long term care, Respite care, Early Dementia care, Alzheimer's care, Disability care, Stroke patients, Convalescence care and Holiday stay. Nursing care is provided 24 hours a day. We engage a wide range of trained staff and allied health care to support your needs. The range of needs extends from independent / low /medium/ high and maximum care. Residents will be over 18yrs of age. A pre-admission assessment will be carried out to determine that the centre can cater for any specific needs. In order to enhance the care provided and enable you to fulfil your personal social and psychological needs a range of medical, social, spiritual and physical needs are catered for. All meals are freshly prepared daily by our catering staff. Choice is offered at every mealtime. All specialist dietary needs catered for. Daily activities are available within Villa Marie Nursing Home. A residents' council meeting is held every two months, where any issues may be discussed and resolved. All residents or their representatives are welcome to attend. Your input will be requested on any matters that may potentially affect your daily life including development of your personal care plan. Villa Marie Nursing Home provides a very high quality service to all our residents. If you feel the need to make a complaint you can do so with confidentiality assured. We operate an open visiting policy in Villa Marie Nursing Home, however, we ask all visitors to use sign in book on entering and leaving, and partake in precautionary infection control measures as appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

29

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 21 February 2023	09:45hrs to 18:15hrs	John Greaney	Lead

What residents told us and what inspectors observed

Residents appeared to enjoy a good quality of life in the centre, facilitated by staff who knew them well. A walk around the centre found the care environment to be comfortable and homely. The inspector met with a number of residents over the course of the inspection and all were very positive about their experience of living in the centre. They were complimentary of the quality of care provided and of the responsiveness of staff. Residents who could not share their lived experience with the inspector appeared to be relaxed and comfortable in the company of staff and other residents

Residents were offered choice in many aspects of their care, such as in what activities they wished to participate, what meals they would like to eat and their individual choices around what items of clothing they wished to wear.

On arrival for this unannounced inspection, the inspector was guided through the centre's infection prevention and control (IPC) procedures by one of the directors of the nursing home. The director is a nurse and worked in the centre on a daily basis to support nursing and care staff meet the nursing and caring needs of residents. The person in charge was on a planned day off on the day of the day of the inspection but was available to the inspector on the phone for any queries. An opening meeting was held with the director, followed by a tour of the centre.

Villa Marie nursing home is located on the outskirts of the town of Roscrea in Co. Tipperary. The oldest section of the building has two storeys, however, the first floor only contains offices and staff facilities and is not accessible by residents. The premises has had two single storey extensions over the years to reach its current bed capacity of 30 residents. There were 29 residents living in the centre on the day of the inspection. Bedroom accommodation comprises eighteen single rooms and six twin rooms. Eight of the single rooms and four of the twin rooms have en suite facilities containing a shower, toilet and wash hand basin. There are a further two bathrooms shared between four single rooms, also containing shower, toilet and wash hand basin. The remaining ten residents share two bathrooms each containing a shower and toilet and one also has a bath. There is one additional toilet located adjacent to the sitting and dining rooms.

Communal space comprised a large sitting room with an adjacent conservatory. The conservatory led to an internal courtyard and residents were free to access this area independently. There was also a dining room containing six dining tables with table settings for two residents at each table. There were two sittings for lunch and tea, with the more dependant residents having their meals at the first sitting.

Overall the general environment and residents' bedrooms, communal areas, toilets and bathrooms inspected appeared clean. The laundry facility supported the separation of clean and dirty laundry. Since the last inspection two twin bedrooms had been reduced to single occupancy as they did not meet the minimum size

requirements set out in the regulations. A large single room had been changed to double occupancy as it was adequate in size to meet the needs of two residents and supported their privacy and dignity. While a number of the bedrooms either had en suite facilities or shared bathrooms, ten residents shared two bathrooms. Both bathrooms had toilet facilities; one had a shower and bath; and the other had a shower. One of ten residents that used communal bathroom facilities had a toilet adjacent to their bedroom. However, the nearest shower was approximately 30 paces away and the provider was requested to review the possibility of installing a shower in the adjacent bathroom.

Throughout the inspection, the inspector noted that the provider and staff were familiar with residents, their needs including their communication needs and attended to their requests in a friendly manner. The inspector observed that staff knocked on residents' bedroom doors before entering. The inspector observed that residents were well dressed, appeared comfortable and relaxed with each other and staff. Residents spoken with said they were happy with the care provided.

The inspector spoke with individual residents, and also spent time in communal areas, observing residents and staff interactions. The general feedback from residents was one of satisfaction with the care and the service provided. Residents told the inspector that they were happy in the centre and that the staff were kind and attentive. The provision of care was observed to be person-centred. It was evident that staff knew the residents well and provided support and assistance with respect and kindness.

A number of visitors were seen to come and go throughout the day. Visiting was unrestricted and this was confirmed to the inspectors by a number of visitors. There was a good level of visitor activity observed over the course of the inspection.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre and how these arrangements impacted on the quality and safety of the service being delivered. The levels of compliance are detailed under the individual regulations.

Capacity and capability

This was a risk inspection carried out by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

The inspector found that, overall, this was a well-managed centre where residents were supported and facilitated to have a good quality of life. The quality and safety of the services provided were of an appropriate standard and the findings reflected a commitment from the provider to ongoing quality improvement for the benefit of residents that lived in the centre. A number of the actions required following the previous inspection had been completed by the provider. However, the inspector

noted that further actions were required in the system in place for the oversight of quality and safety, staff training and in recruitment practices.

Villa Marie Nursing Home Limited is the registered provider for this centre. There are two directors in the company, one of whom works in the centre as a staff nurse and is present in the centre on a daily basis to provide support to the person in charge. There is a stable management team in the centre, the person in charge works full time and is supported by a team of nurses, health care assistants, activity staff, housekeeping, catering, and maintenance staff. The person in charge was on a planned absence on the day of the inspection and one of the directors was in charge of the centre.

Action was required to ensure that adequate systems were in place for the oversight of the quality and safety of care delivered to residents. There was no overarching audit schedule to identify when audits were to be conducted. There were monthly audits conducted on medication management by an external pharmacist. There were also comprehensive audits conducted on the management of falls, however, this was last done in June 2022. Actions required in relation to governance and management is discussed in more detail under Regulation 23 of this report. An annual review of the quality and safety of care had been conducted for 2022.

The inspector found that the management structure was appropriate to the size, ethos, purpose and function of the centre. The designated centre had sufficient resources to ensure effective delivery of good quality care and support to residents. On the day of the inspection there were sufficient numbers of suitably qualified staff available to support residents' assessed needs. The team providing direct care to residents consisted of a minimum of one registered nurse on duty at all times and a team of healthcare assistants. Communal areas were supervised at all times and staff were observed to be interacting in a positive and meaningful way with residents.

Staff had access to education and training appropriate to their role. Generally, recruitment was in line with recommended practice, however, some improvements were required in relation to the verification of previous employment for some staff. This is outlined under Regulation 21 of this report. There was evidence that there was effective communication with staff in the centre.

There was a complaints policy and procedure in place, that included an appeals process. The procedure for making a complaint was on prominent display in the centre. The inspector reviewed the complaints log and found that there had only been two complaints recorded in 2022. Adequate records were maintained including the investigation and outcome of each complaint.

Regulation 14: Persons in charge

The person in charge worked full-time in the centre. She had the required

experience in management and nursing as required by the regulations.

Judgment: Compliant

Regulation 15: Staffing

The staffing levels and skill-mix were appropriate to meet the assessed needs of residents, in line with the statement of purpose.

There was sufficient nursing staff on duty at all times and they were supported by a team of healthcare staff. The staffing complement also included housekeeping, catering, administrative and management staff.

Judgment: Compliant

Regulation 16: Training and staff development

Training records provided to the inspector indicated that all staff had up-to-date training in the areas of safeguarding, manual and people handling, and responsive behaviour. Staff were also supported to attend training other training relevant to their role such as infection control, medication management, and wound care. There were appropriate measures in place for the induction and supervision of staff.

Judgment: Compliant

Regulation 21: Records

A review of a sample of four personnel records found that action was required to support adherence to good recruitment practices. For example:

- it was not clearly indicated that all references were verified for authenticity
- there were gaps in the employment history of some staff for which a satisfactory explanation was not recorded

Judgment: Substantially compliant

Regulation 23: Governance and management

Action was required by the provider to ensure there was adequate oversight of the quality and safety of care delivered to residents. For example:

- there was no overarching schedule of audits in place to support the monitoring of the quality and safety of care delivered to residents
- there was a significant interval between audits and therefore the provider could not be assured that optimum care was being delivered on an ongoing basis or that risks were being identified and addressed.
- action was required in relation to transcription practice. When a prescription was renewed, it was transcribed by nurses. The front cover of the prescription book was signed by the transcribing nurse and verified by a second nurse. When new medications were subsequently added to the prescription, the prescription template did not allow for further signatures. Therefore, it was not recorded which staff member transcribed each individual medication or which staff member verified that it was accurately transcribed.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A review of the accident and incident log indicated that notifications were submitted in accordance with the requirements of the regulations.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a policy in place to guide staff on the management of complaints. There was a notice on display to inform residents, relative and visitors on the procedure for making a complaint and an independent appeals process should they be dissatisfied with the outcome of the complaints process. The complaints log contained details of complaints, details of the investigation and the satisfaction or otherwise of the complainant.

Judgment: Compliant

Quality and safety

Overall, residents were complimentary of the care provided in the centre and this was supported by the observations of the inspector over the course of the inspection. However, the inspector found that some action was required to ensure the safety of residents and compliance with fire safety, assessment and care planning, medication management, infection control and the premises.

The inspector found that residents were generally in receipt of a high standard of care. It was obvious that staff knew the residents well and this was reflected in the development of personalised care plans. A review of residents' records found that residents' care and support needs were appropriately identified through validated assessment tools. These assessments included skin integrity, malnutrition, falls and mobility. These were used to inform the development of person-centred care plans. Care plans generally provided adequate detail on the care to be delivered to each resident on an individual basis. There was a need, however, to ensure that wound assessments were recorded on an ongoing basis in order to ascertain the effectiveness of the treatment plan. This is outlined in more detail under Regulation 5, Individual Assessment and Care Plan, of this report.

Residents were reviewed by their general practitioner (GP) as required or requested. Referral systems were in place to ensure residents had timely access to specialist and allied health services through a combination of remote and in-person reviews. There was evidence that recommendations made by professionals were integrated into the resident's care plan, implemented and reviewed to ensure best outcomes for residents.

The centre was generally clean on the day of inspection. Staff were observed to be wearing personal protective equipment (PPE) such as face masks appropriately. Access to hand washing sinks were easily available and a sufficient supply of wall-mounted alcohol hand sanitiser was available at key locations throughout the centre to support staff adhere to good hand hygiene practices. While there was some evidence of good infection control practice identified, a number of actions are required by the provider in order to fully comply with this regulation. Details of issues identified are set out under Regulation 27: Infection Control.

A safeguarding policy provided guidance to staff with regard to protecting residents from the risk of abuse. Staff spoken with demonstrated an appropriate awareness of their safeguarding training and detailed their responsibility in recognising and responding to allegations of abuse. The provider was not pension agent for any residents. The provider did hold small sums of money for safekeeping for residents. The system for recording transactions for and on behalf of residents required strengthening to ensure that adequate records were maintained. This is discussed in more detail under Regulation 21, Records.

The inspector noted many good practices in relation to fire safety. Cross corridor fire compartment doors provided a good seal to protect against the spread of smoke and flame in the event of a fire. There was a combination of magnetic and acoustic devices on fire doors to allow doors to be safely held open but would release automatically in the event of the activation of the fire alarm. There was a programme of preventive maintenance for fire safety equipment such as fire alarm,

emergency lighting and fire extinguishers. Areas for improvement, however, were identified during this inspection. The findings relating to fire safety are set out in greater detail in Regulation 28 Fire Precautions of this report.

The design and layout of the centre promoted an unrestricted environment for residents who were encouraged to mobilise freely and had access to secure outdoor space. Staff were seen to be supportive and encouraging in their interactions with residents. There was sufficient communal space for residents to partake in group activities, and privately if they wished. There was a programme of activities in place and a variety of activities were facilitated six days a week by dedicated activity staff.

There was evidence of a positive approach to the management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Care records viewed showed that behavioural support plans were developed based on residents' individual needs. There was a need to keep the use of restraint, such as bed rails, under review to ensure full compliance with

Overall, the rights of residents were upheld and promoted. Visiting was observed to be unrestricted and the inspector observed a high level of visitor activity over the course of the inspection. Residents were provided with a good selection of food and residents were offered a choice of food at mealtimes. Choices and preferences were seen to be respected. Regular resident council meetings were held which provided a forum for residents to actively participate in decision-making and provide feedback in areas relevant to their quality of life in the centre. Minutes of these meetings, however were not always recorded and it was not therefore possible to determine if all issues raised at these meetings were addressed.

Regulation 11: Visits

Adequate arrangements were in place for residents to receive visitors and there was no restriction on visiting. A high level of visiting was seen over the course of the inspection. Visitors spoken with by the inspector were complimentary of the care provided to their relative and were happy with the visiting arrangements in place.

Judgment: Compliant

Regulation 17: Premises

A review was required of window restrictors to ensure that residents with a cognitive impairment could not leave the centre unsupervised.

There was a need to review storage in the centre as some pieces of equipment were

stored in the corner on a sitting room.

Judgment: Substantially compliant

Regulation 27: Infection control

Action was required to support compliance with infection prevention and control, including:

- wash basins used by staff in the provision of personal care for residents were not stored in a manner to prevent cross contamination
- there were hygiene products stored in communal bathrooms that were not marked for individual use
- items of clothing were left to soak in a basin in the sluice room, which poses a risk of cross contamination

Judgment: Substantially compliant

Regulation 28: Fire precautions

Issues identified for improvement in relation to fire safety included:

- while there were regular fire drills, there was a need for more spontaneous drills that reflected real time scenarios rather than prefacing the drills with fire safety education
- there were gaps in the records of daily checks conducted to confirm that all means of escape were unobstructed
- there was a waste bin in the smoking area that was a potential fire hazard.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

There were adequate arrangements in place for the ordering, receipt, storage, administration and disposal of medication, including drugs that that required additional controls. There were written operational policies and procedures in place on the management of medications in the centre. Medications requiring special control measures were stored appropriately and counted at the end of each shift by two registered nurses. Good medication administration practices were in place and were supported by access to pharmacy services. The transcribing of medications is

discussed under Regulation 23 of this report.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

There was not always adequate records maintained of the ongoing assessment of wounds in order to ascertain if the current treatment plan was effective and that wounds were healing.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had timely access to medical assessments and treatment by their General Practitioners (GP) and they visited the centre when required.

Residents had timely referral and access to care of the older person services such as psychiatry of later life. Services such as speech and language therapy, dietetics physiotherapy and occupational therapy were available when required. The inspector found that recommendations were acted upon which resulted in good outcomes for residents.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were eight residents that had bed rails in place when in bed on the day of the inspection. While each resident had a risk assessment conducted prior to the use of bed rail, discussions with staff indicated that there was not always an exploration of alternatives prior to the use of bed rails.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider took all reasonable measures to protect residents from the risk of abuse. Staff spoken with were knowledgeable regarding what may constitute

abuse, and the appropriate actions to take, should here be an allegation of abuse made

Prior to commencing employment in the centre, all staff were subject to Garda (police) vetting

Residents spoken with stated that they felt safe in the centre and confirmed that staff were caring and kind. All interactions by staff with residents on the day of the inspection were seen to be respectful. All staff had attended training to safeguard residents from abuse. The provider was not pension agent for any resident.

Judgment: Compliant

Regulation 9: Residents' rights

Residents' rights to choice, privacy and dignity were respected in the centre and this was confirmed through the observations of the inspector and discussions with residents. Residents' social activity needs were assessed and their needs were met with access to a variety of meaningful individual and group activities.

Residents' meetings were held three regularly, which provided opportunities for residents to express their opinion on various aspects of care and life in the centre.

Information was available on how to access the services of an advocate should one be required.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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
Regulation 9: Residents' rights	Compliant

Compliance Plan for Villa Marie Nursing Home OSV-0000437

Inspection ID: MON-0039344

Date of inspection: 21/02/2023

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: A complete review of all staff records has been completed, all references are verified. There was only the one identified by the inspector that did not have verification in place Gaps in work history identified have satisfactory explanations recorded.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: An overarching schedule for audits is now in place with protected time allocated to complete them. All audits on the schedule have been completed in February and March. Medications added to the drug chart following initial transcription are now initialed by the transcribing RGN and also by the RGN who completes the check.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: Complete review of windows carried out 23/02/23, small number of new window restrictors required, sourced and fitted 02/03/23</p>	

Equipment was removed from the sitting room on the day of inspection when pointed out by the inspector.

Regulation 27: Infection control

Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

A meeting was held with all staff following the inspection to discuss the findings and stress the importance of adhering strictly to infection prevention and control measures, including storing wash basins in the correct manner to prevent cross contamination.

Staff have been reminded again of the importance of removing residents individual toiletries from communal bathrooms and returning them to their bedrooms, to avoid cross contamination. Signage is now in place in communal bathrooms as a visual reminder.

Signage is also now in place as a visual reminder not to leave residents clothing soaking in basins in any sluice room.

Regulation 28: Fire precautions

Substantially Compliant

Outline how you are going to come into compliance with Regulation 28: Fire precautions:
Spontaneous drills now form part of Villa Maries fire management programme

A new system for recording daily checks of fire exits is in place, which is documented at each fire exit, as opposed to in the Fire Management Folder in the RGNs office, to ensure checks are carried out on a daily basis.

The inappropriate waste bin was immediately removed on inspection day itself and replaced with a metal bin.

Regulation 5: Individual assessment and care plan

Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 On inspection day there was one closed wound that had been identified on 15/2/23. A wound chart and a care plan were in place. The affected area was being informally assessed daily by staff and documented in the residents progress notes. Following inspection this was replaced with formal assessment and documentation at appropriate intervals. This wound is now fully healed.

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:
 Villa Marie actively promotes a restraint free environment. We recognise that there were 8 bedrails in use on inspection day, and 1 lapbelt, which was only in place when the resident concerned was up in a chair for short periods. This made a total of 9 restrictive measures. 2 bedrails were in place at the residents own specific request despite the risks being explained and their right to choice was respected in this regard, they did not wish to explore alternatives. A complete review of all other bedrails in place was carried out and the number has been successfully reduced.

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 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	22/02/2023
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	23/02/2023
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	Substantially Compliant	Yellow	17/03/2023

	effectively monitored.			
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	22/03/2023
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	14/03/2023
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	14/03/2023
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,	Substantially Compliant	Yellow	14/03/2023

	residents, are aware of the procedure to be followed in the case of fire.			
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	21/03/2023
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	03/03/2023