



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

Issued by the Chief Inspector

Name of designated centre:	Bellvilla Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Short Notice Announced
Date of inspection:	05 August 2020
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0030057

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. This residential care is provided in a single-storey premises located in south Dublin city. Residents had recently returned to the centre after a period of premises extension and internal renovation. The building was divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service was also operated on the site but did not require entering the long-term residence to access. This service was currently suspended due to the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:

41

How we inspect

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 5 August 2020	09:30hrs to 17:45hrs	Michael Dunne	Lead
Wednesday 5 August 2020	09:30hrs to 17:45hrs	Gearoid Harrahill	Support

What residents told us and what inspectors observed

Upon arrival at the centre inspectors were met by the assistant director of nursing who directed inspectors to locations where they were able to put on their personal protection equipment (PPE) and also gave an overview as to the infection protection and control protocols currently in force in the centre. Inspectors observed that there was COVID -19 guidance advertised in key locations throughout the centre reminding people to observe social distancing, to wash hands regularly and to observe guidance in relation to the wearing of PPE. During the centre walk round inspectors observed an area that was used to isolate residents who were awaiting COVID-19 test results and saw PPE stations located throughout the centre.

There were three units in the centre all of which were configured to provide a range of single and twin bedded accommodation. Throughout the inspection the majority of residents were seen to remain in their own individual units although there was good signage noted to direct residents to key locations throughout the centre. Residents mentioned that they were happy with their bedrooms which were tastefully decorated according to their personal taste.

Residents who voiced an opinion about the food mentioned that it was tasty and that they had no complaints. There was a large dining room which at the time of the inspection was not been utilised as food was transported to residents in their individual units.

Inspectors found examples of inappropriate storage of hoists and large chairs in a number of areas that were intended for resident use such as assisted shower rooms, the provider removed these items when it was brought to their attention.

Inspectors also spoke with the people living in the centre and found a relaxed atmosphere in which residents generally said they were well-looked after. There was low anxiety regarding the pandemic and the precautions associated with same. Residents were not concerned by the additional personal equipment and the requirement to stay apart, and felt reassured of its necessity to keep everybody safe.

Residents told inspectors that they felt safe in the designed centre and that they got along well with staff. Inspectors observed friendly interactions between staff and residents when the latter were being supported.

Residents told inspectors that while they understood the need to stay apart, the days were long and boring with very little to do. Some residents wanted things to read or work with their hands to stay busy and mentally occupied. Inspectors observed good quality care when staff were supporting residents with their daily needs, however there were long periods of quiet, neutral time where staff supervised the areas and residents were not engaged in meaningful stimulating

recreation or activity.

Despite this, inspectors observed a group activity which was attended in such a way that residents could effectively distance. In this, residents were observed singing and laughing together.

Capacity and capability

This was a short term announced inspection with the centre notified the day prior to the inspection on the 4th of August 2020. This was done so that the inspection team were aware of the current infection protection and controls measures that were currently in place and to ensure that key personnel were available to contribute towards the inspection process. The inspection team were notified at this point that the director of nursing would not be available to participate however the assistant director of nursing was available in conjunction with the registered provider representative. It was also possible for the inspection team to inform the provider to make key documents available to aid the inspection process which they duly obliged,

This risk inspection had been triggered as a result of the following concerns

- Notification of an outbreak affecting significant numbers of residents and staff
- The receipt of notifications concerning the protection of residents
- Concerns received by the office of the chief inspector relating to regular communication with family members.

There was a significant COVID-19 outbreak from when the office of the chief inspector was first notified on the 13/04/2020 until the outbreak was declared over on the 08/07/2020. During this period a significant amount of permanent staff both operational and management were off due to COVID-19 related illness or were required to self-isolate. It was noted that all staff that had been adversely affected had returned to work by the 9th of June 2020.

Sadly six residents passed away during the months of April and May 2020 due to COVID-19. These deaths occurred when there were restrictions on visits to nursing homes however it was noted that the centre facilitated visits where residents were at end of life whilst ensuring that all infection protection and control protocols were observed.

Throughout the inspection process inspectors observed good infection protection and control technique deployed by all the staff team with appropriate levels of PPE in use and social distancing also observed to be maintained. A review of records pertaining to the management of COVID-19 in the centre revealed that there was a preparedness plan in place with regular consultation with public health representatives. It was noted that there were daily outbreak management control meetings taking place to manage the outbreak. There was evidence that the centre

were keen to learn from its experience in controlling the spread of COVID-19 and had developed a range of interventions to reduce the risk of re-emergence.

This inspection also focused on the centres responses to notifications made to the Chief Inspector. Records seen on inspection indicated that the provider had responded appropriately to any incidents, and relevant information had been provided to residents and where appropriate their families.

Inspectors reviewed the centres responses regarding communication with families during the lockdown period and it was seen that the provider had acquired a number of devices such as tablets to assist with this process. It was clear that this was a challenging time due to the high levels of permanent staff being off due to illness.

There was a clear policy and procedure for people who wished to make complaints and residents spoken with said they would feel comfortable making a complaint. Arrangements were in place regarding referral to an independent appeals process if not resolved locally, and for referrals to safeguarding teams where relevant. Inspectors reviewed the complaints log and found that complaints received both verbally and in writing were recorded in detail and the log contained correspondence between the provider and complainant. The complaints policy included a template document to use when summarising the complaint and its outcome, however this template was not used consistently for all complaints reviewed. As a result it was not consistently recorded and clear what the conclusion of the issue was, what learning opportunities and actions had been taken to reduce the chance of recurrence, and whether the complaint was satisfied with the outcome and actions taken.

While there were vacancies in staffing on the day of inspection, the provider was actively recruiting new personnel, and agency staff were deployed to ensure that shifts were fulfilled to the appropriate complement. A sample of rosters reviewed indicated that the provider was striving to get the same people deployed from agencies to reduce the impact on staffing continuity on residents. Inspectors met and spoke with a number of newly inducted staff members, who displayed a good knowledge of residents' support needs. A review of personnel records indicated that the new staff members were suitably qualified for their respective roles and had been vetted by An Garda Síochána. Staff members felt well supported in how they were introduced into their role and to the residents they were supporting. They had completed a mentoring period with their respective line managers and colleagues.

Staff had been provided with training in manual handling, safeguarding of vulnerable adults, and proper hand hygiene. Due to the COVID-19 restrictions, some staff were a few weeks overdue to attend annual refresher training in fire safety, however inspectors found evidence of the provider scheduling this training for the next available sessions, and had providing orientation on the building and evacuation procedures with new staff to familiarise them with safe emergency response. Some staff had also been provided training for supporting people who expressed their anxiety or discomfort in a way that put themselves or others at risk. At the time of the inspection, two senior members of management were completing

courses which would allow all staff to have access to this training.

Regulation 15: Staffing

There was a sufficient number and skill mix of personnel to support the assessed needs of residents. A review of rosters indicated that vacant shifts were filled with consistent personnel through an agency, and the provider was in the process of employing new staff. New staff who had started had been recruited with all required training, reference checks and Garda vetting in place prior to them commencing their role. The designed centre has nursing staff on duty at all times of the day and night.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found good evidence that staff, including those recently recruited, were supported to fulfill their duties and achieve their objectives in their development. The provider has measures in place to mitigate the impact of reduced access to mandatory training sessions, and was rolling out specialist training to effectively support the identified needs of residents in the designed centre.

Judgment: Compliant

Regulation 21: Records

Records required under the regulations were present in the designed centre and available for review by inspectors when requested.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that there was a clearly defined management structure in place which identified the roles and responsibilities of key personnel working in the centre. There was no change to the person in charge since the last inspection however the assistant director of nursing was recently appointed.

The senior management team consisted of a director of nursing an assistant director of nursing and four clinical nurse managers, there was regular contact and support noted from the registered provider representative who held a manager role within the Health Service Executive (HSE). There was a significant loss of available permanent staff both operational and management to COVID-19 related illness throughout April and May 2020 however the provider maintained staff numbers through engaging agency staff and senior personnel from the HSE to covers gaps in the rosters. The provider was currently engaged in a recruitment drive to cover current vacancies in the centre.

There were systems in place to review the quality of the service such as the regular review of clinical audits focusing on falls, nutrition, medication, continence management and skin integrity. In addition there were systems in place to review serious incidents and complaints with updated policies and procedures available for staff to follow. There was a good appreciation of risk with the risk register updated to reflect the risks associated with COVID-19.

There was evidence of good communication at various levels within the centre with a range of both operational and clinical meetings scheduled, however it was noted that during the lockdown not all of these meetings were held because of the impact if COVID-19.

There were sufficient resources to maintain the premises. They were clean and warm with a number of communal areas available for residents to use. Although there were activity resources available for residents to use, they did not cover the entire week and therefore residents were unable to fully engage in activities that they wished to pursue.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

Complaints were recorded in detail and there was evidence of good engagement with the complainant and the other relevant parties. As the provider was not consistently using the systems prescribed in the centre's procedures, there were gaps and inconsistencies in recording the outcome of the complaint, the actions and learning taken as a result of the complaint, and how the provider was assured of the complainant's satisfaction.

Judgment: Substantially compliant

Quality and safety

Inspectors found that on the whole the provider had services in place which ensured that resident's health and social care needs were met. There were areas however that the inspectors found required improvement and these were mainly to do with engaging residents in a meaningful way with regard to the provision of activities. There were also improvements regarding the storage of equipment in resident bathing areas which has featured in past inspections.

The provider maintained a register of ongoing risks in the centre which identified the environmental and operational hazards and analysed the potential risk to service users, staff and the provision of a quality service. Control measures to mitigate these risks were outlined in detail and were specific to this designed centre. The risk register had been updated to reflect risks associated with COVID-19. In addition to outlining control measures to reduce the spread of the illness, there were also measures to address the secondary impact of the pandemic, including staff absence, reduced access to medical services and training, and the requirement to practice social distancing and wear additional personal protective equipment while providing support for residents.

The single storey premises was clean, well-maintained and was designed and laid out for residents to safely navigate alone or with support. The premises used safe and level flooring, handrails and colour contrast design to assist orientation. There were suitable communal areas in which residents could effectively practice social distancing. Residents had open access to small external yards and the designated centre was suitably ventilated, heated and lit. The oratory space was being used as a comfortable and safe space for residents' families and friends to visit, as it allowed for people to enter an exit without needing to enter resident living areas. A portion of the building was designed for use by resident who were isolating as a precaution and this area was clearly marked off for this use.

Some improvement was required on providing storage space for resident equipment such as wheelchairs and hoists. The lack of nearby storage options on the units required equipment and others items to be stored in bathrooms and shower areas, limiting access to these rooms for their intended function.

Inspectors spent time on each of the units, spoke with a number of residents and with staff, and spend time observing the interactions and engagement between residents and staff. Inspectors found that staff were generally patient, respectful and friendly with residents when supporting them with their assessed needs. Inspectors did not see any instances of negative or disrespectful interactions, and observed some good examples of person-centred engagement which made reference to residents' interests and histories. Where residents required support with personal care and dining, this was done in a discreet and dignified manner. However, much of the additional engagement observed on the units was more neutral and task-oriented in nature. Inspectors observed extended periods of downtime with residents sitting on bedroom corridors with little on for recreation and entertainment, and while staff were attending to their support needs, the majority of what was observed was more based on supervision of residents.

A karaoke group activity was observed later in the afternoon, which residents

enjoyed in an area large enough to effectively social distance. However, for most of the rest of the day, in light of the reduced ability to provide a full schedule of activities for larger groups of residents and the limited time the activity coordinator could spend with all residents, there was little evidence of initiative taken to provide meaningful social and recreational opportunities on a smaller scale on unit level. Inspectors spoke with a number of residents sitting along the corridor for the majority of the day, who told inspectors that the days were boring and they wanted more to do to pass the time. Staff spoken with on the units were not sure what activities were being provided in the primary communal areas that day. For example, for a large group of residents who had been up since early morning with no recreational activities, staff told inspectors in the afternoon that there had been no activities yet because the activity coordinator was busy in another unit, and there was a movie being shown in the main living room, which was not the case. The majority of meaning social, entertainment and recreational engagement appeared to be provided by the activity coordinator, and there were no social or recreational sessions scheduled or posted on the activity notice board for days on which the activity coordinator was not working.

The most recent residents committee meeting was held in February in which residents reflected on recent events and planned events and outings for 2020. While these sessions had understandably not been held since the restrictions of the COVID-19 pandemic had taken effect, there was little evidence found on inspection of how residents' feedback, suggestions, and consultation towards the running of the designed centre had been facilitated.

Regulation 17: Premises

The centre was well maintained and was clean, there were sufficient numbers of toilets available for residents to use, however there was insufficient space in which to store resident assistance equipment such as hoists and wheelchairs, necessitating the use of inappropriate storage areas such as bathrooms and shower rooms instead. The provider removed these items upon being notified by inspectors. This was a finding previous inspection.

The centre was nicely decorated with each of the three units which made up the centre having their own individual colour scheme. Good use of colour contrast and pictorial signage assisted residents orientate around the centre.

Residents could access an internal courtyard however facilities were limited in this area with only tables and chairs available for resident use.

Judgment: Substantially compliant

Regulation 26: Risk management

The provider has identified, risk assessed, and identified control measures to mitigate potential hazards in the designated centre. The hazards identified were centre specific, and included those required by the regulations. The risk register had been updated to reflect COVID-19 and the impact of the illness and the social restrictions on residents, staff and the operation of the service.

Judgment: Compliant

Regulation 27: Infection control

There were robust arrangements in place for the management of the COVID-19 outbreak in the centre. There was daily outbreak control team meetings which included representatives from Public Health and from the Health Service Executive (HSE) to ensure that the outbreak was managed in an effective manner. These meetings afforded the centre an opportunity to highlight and escalate concerns at an early stage and assisted the provider in adapting their approach to manage the spread of the infection.

A preparedness plan had been developed to manage the outbreak and consisted of arrangements to manage clinical presentations of COVID-19, arrangements for testing, visiting and contact tracing. Further measures relating to infection protection and control protocols, staff training, communication with public health, families also featured in this plan. There were also audits created to measure amounts of PPE in the centre.

Staff who were spoken with during the inspection were able to confirm that they had participated in training on the appropriate use of PPE and in infection protection and control protocols. Observations during the inspection confirmed that staff were using PPE correctly and that they were adhering to social distancing. There was COVID-19 guidance advertised throughout the centre with appropriate amounts of hand gel, gloves and aprons available for use noted at PPE stations.

In addition the provider had reviewed its risk register and had identified additional controls to manage the impact of the pandemic on residents and staff for example the impact of residents having to self-isolate and having to deal with visiting restrictions. Similarly the impact of high levels of staff sickness was reviewed and on its impact on care delivery to the residents.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Resident records contained care plans which described how their health and social care needs should be met ensuring that they enjoyed a good quality of life. All care plans seen were based on the centres comprehensive assessment of the individual residents needs prior to admission.

Care plans were generally well written and gave sufficient detail as to how the identified need was going to be met. Care plans were easy to follow with each care plan informed by an appropriate risk tool for example residents who were at risk of malnutrition had a screening tool completed to inform interventions in the residents nutritional care plan.

There were daily care notes recorded and on file which gave a good account of residents daily care requirements and interventions made by the staff on a daily basis to meet those needs.

On the whole residents were consulted directly about how they wanted care to be delivered and where this was not possible it was seen that family were engaged in this process. There was evidence to show that care plans were reviewed as least three times a year or as and when the need arose. Although there were a range of care plans designed to meet resident's needs not all records seen contained an activity care plan. There was information recorded which indicated that residents were asked about what activities they wanted to pursue and there were records stating which activities residents attended however improvement was required as to how this information was monitored and reviewed in the form of a care plan.

Judgment: Substantially compliant

Regulation 6: Health care

The centre had arrangements in place which ensured that residents had access to a range of medical and allied health care input throughout the pandemic. Access to general practice input was maintained with regular visits throughout the week. There were arrangements in place for accessing dietician input from the community along with TVN (Tissue Viability Nursing) and SALT (Speech and language therapy). The centre employed its own physiotherapist and occupational therapist who were based on site. Access to psychiatric input and the community liaison team was through referral to the relevant community teams.

There were sufficient numbers of trained staff nurses working in the centre to maintain a good level of clinical input. Nursing staff were supported by four clinical nurse managers and an assistant of nursing and a director of nursing.

There were systems in place to monitor healthcare input and a sample of clinical audits reviewed showed data on falls, wound care, hydration and nutrition, continence and moving and handling. Clinical input was supported by a well maintained list of healthcare policies and procedures.

It was noted that during the pandemic MDT (Multi-disciplinary Team) meetings were not consistently held due to staff sickness however resident healthcare was reviewed regularly by ward managers. It was also noted that there was ongoing discussion and communication with the relevant representatives from Public Health along with input from the local community health organisation who were providing input concerning the management of COVID-19 in the centre.

Judgment: Compliant

Regulation 8: Protection

All residents spoken with said that they felt safe in the centre and that they had confidence in the staff team to keep them safe. There were systems in place to protect residents from abuse which included safeguarding training which assisted staff in the detection and prevention of different types of abuse. Training records indicate that mandatory safeguarding training had been completed by staff in 2019.

There was evidence to show that where allegations of abuse were made that the provider acted according to best practice ensuring that the alleged victim was prioritised, protected and provided with the necessary levels of support. The provider was keen to learn from instances where allegations were made.

Judgment: Compliant

Regulation 9: Residents' rights

Improvements were required to ensure that the activities and recreational programme was adapted in light of the reduced ability to provide group activities in the primary communal areas with the designed activities staff and visiting providers. Outside of the scheduled activities, inspectors observed and were told by residents that there were long periods of little meaningful and stimulating social and recreational engagement in residents' day on the units. Improvement was also required to ensure that residents' input and feedback towards the running of the designed centre was being captured in light of the reduced ability to hold group sessions.

Judgment: Not 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	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Bellvilla Community Nursing Unit OSV-0000438

Inspection ID: MON-0030057

Date of inspection: 05/08/2020

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 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 recruitment department of the provider is actively progressing the filling of vacant posts via current staff recruitment panels and if required new recruitment competitions will be initiated to fill vacant positions in particular those of healthcare assistants, this is expected to be completed by 20/12/2020. In the interim, gaps in rosters are to be filled by current staff in the centre completing additional hours or the use of agency staff.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The approach to managing complaints within the centre will be reviewed by nurse management to ensure the consistent use of the complaints log process and documentation for both verbal and written complaints, this is also to include the learnings that have been made in each case, to commence by 14/09/2020</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

The estates department of the provider has been engaged to assist source additional suitable storage solutions for the designated centre both internal and external to the premises this is expected to be completed by 30/11/2020. In the interim the current storage space of the centre will be reviewed to utilize the storage of items in a more effective manner. A review of the internal courtyard space has commenced, to enhance the facilities and plants in the area, to be completed by 30/11/2020.

Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>The current assessments and care plans for residents will be reviewed with a strategy to develop a person centered care plan incorporating for example the existing peer assisted learning, likes/dislikes, key to me and life story book. Also included will be suitable group activities and individualized one to one unscheduled meaningful engagement moments, staff will be supported with training in care planning as required, to be completed by 20/12/2020.</p>	
Regulation 9: Residents' rights	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <p>The Clinical Nurse managers on each unit will ensure staff are aware of the need to have the activities and recreational programme for reach resident reviewed and adapted in light of the reduced ability to provide group activities in the primary communal areas, staff will be supported with training as required to develop the activities and recreational programmes by 30/11/2020. Resident's committee meetings will be re commenced by 01/10/2020, in the event a group committee meeting cannot be facilitated by this time (e.g. due to social distance requirements etc) an alternative individual consultation process with the residents will be commenced.</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 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		30/11/2020
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant		30/11/2020
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure,	Substantially Compliant	Yellow	14/09/2020

	and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.			
Regulation 34(1)(g)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall inform the complainant promptly of the outcome of their complaint and details of the appeals process.	Substantially Compliant	Yellow	14/09/2020
Regulation 34(1)(h)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall put in place any measures required for improvement in response to a complaint.	Substantially Compliant	Yellow	14/09/2020
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange	Substantially Compliant		20/12/2020

	to meet the needs of each resident when these have been assessed in accordance with paragraph (2).			
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Not Compliant	Orange	30/11/2020
Regulation 9(3)(d)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may be consulted about and participate in the organisation of the designated centre concerned.	Substantially Compliant	Yellow	01/10/2020