



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

## Issued by the Chief Inspector

Name of designated centre:	Maynooth Community Care Unit
Name of provider:	Health Service Executive
Address of centre:	Leinster Street, Maynooth, Kildare
Type of inspection:	Unannounced
Date of inspection:	28 April 2021
Centre ID:	OSV-0000516
Fieldwork ID:	MON-0032807

## About the designated centre

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

This centre is a purpose built two storey building located on the edge of Maynooth town. The centre has been operating since 2002 providing continuing long term care and a respite service for male and female residents over 18 years of age with high dependency needs. A regular turnover of two respite persons was confirmed.

The centre is registered for 42 residents with up to a maximum of 38 residents being accommodated at this time. The centre is designed around a central courtyard accessible from the ground floor. Communal day, dining and sanitary facilities were available. There is an additional balcony / terrace off the sitting room on the first floor with a view over the nearby canal.

Residents private and communal accommodation was primarily on the first floor within two distinct ward areas, called Fitzgerald Ward and Geraldine Ward. Bedroom accommodation comprises of single, twin, and up to four beds in rooms. A separate spacious palliative care room was available for residents accommodated in a shared or multi-occupancy bedroom when approaching end of life. This room was spacious and had facilities for both the resident and their family.

A passenger lift is available between the ground and first floor. The ground floor accommodation is primarily occupied by office and administration staff, but includes a spacious oratory for prayer, reflection and repose for residents.

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

Number of residents on the date of inspection:	27
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

### **1. Capacity and capability of the service:**

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

### **2. Quality and safety of the service:**

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

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

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Wednesday 28 April 2021	09:00hrs to 17:40hrs	Niamh Moore	Lead

## What residents told us and what inspectors observed

From what residents told us and from what the inspector observed, it was clear that residents were happy and enjoying a good quality of life where they were supported to be active participants in the running of Maynooth Community Care Unit.

Upon arrival to the centre, the inspector was guided through the infection prevention and control measures necessary on entering the designated centre. This included a temperature check, a questionnaire, hand hygiene and the wearing of personal protective equipment (PPE) such as a face mask.

Following a short introductory meeting, the inspector was accompanied by the person in charge (PIC) on a walk around the centre. During this tour of the centre, the inspector met and spoke with staff and residents in the corridors, and in communal areas. The inspector witnessed friendly, respectful and patient interactions between staff and residents.

The inspector spoke with five residents and spent time observing residents' daily lives and care practices in the centre in order to gain insight into the experience of those living there. The general feedback from residents was one of satisfaction with the care and service provided. Residents reported they were supported to see the general practitioner (GP) as required. Residents told the inspector that they were able to get up at a time of their choice. Some residents reported they were assisted to pick out their clothes for the day and to get showered and changed.

The centre was across two floors and overall the general physical environment of the centre was found to be clean, bright and welcoming. The ground floor consisted of offices, a staff dining area, staff changing areas, the kitchen and a visiting area. Resident's bedrooms were accommodated on the first floor along with communal areas. The building was divided into different units and staff and residents were segregated in line with guidance for COVID-19. Some rooms had changed in their purpose to provide staff rooms and changing facilities to eliminate the need for staff to travel between zones and units. A separate room had also been designated to accommodate visits for family members to meet with their loved ones. Some maintenance work was required to ensure the rooms which were temporarily changed were fit for purpose. This will be discussed under regulation 17: premises.

There was a calm and homely atmosphere in the centre. Residents' art was displayed along corridors on what was referred to as the "wall of pride". There was also pictures displayed in frames of residents taken during celebrations within the centre, such as the celebration of a resident's birthday.

Bedrooms were personalised by residents, and there were sufficient wardrobes and lockers for residents' belongings. Residents reported they were happy with their bedrooms. The inspector observed that resident bedroom lockers were in the process of being replaced to ensure the new lockers met the standards for cleaning

during COVID-19. One resident told the inspector they were happy with their bed and wardrobe. Another resident told the inspector they were not happy sharing with a peer and were discussing this further with management.

Staff had a good knowledge of residents and the inspector observed positive and supportive interactions between residents and staff. Any personal assistance was carried out in a discreet and dignified manner in line with the residents' assessed needs.

Residents told the inspector that they were kept informed in relation to COVID-19. The centre had purchased a new television screen to display activities and events in the centre. A resident told the inspector they enjoyed this as on the bottom of the screen, it also displayed news articles. This resident said they were very happy to have received their second dose of the COVID-19 vaccine and were looking forward to when restrictions ease for the hairdresser to return.

The inspector observed a meal time within the centre, where seven residents were dining within the dining room. Physical distancing in line with public health guidance was being adhered to within these areas. Residents were seen to be supported and assisted in a dignified manner. Residents told the inspector that they were happy with the food served and they were provided with a choice of two options at lunch time.

The inspector saw the personal efforts that staff had made to ensure residents had a variety of social activities to occupy their day. Residents were supported to watch a mass service on the television, activity staff held an exercise class and residents were supported to go for a walk around the grounds of the centre. One resident proudly told the inspector that earlier that day they had played an activity game with one of the staff members and that they won all five games.

The centre was in the process of renovating their outdoor areas. The inspector observed a new shed that was purchased for the courtyard and new garden furniture was being set up during the course of the inspection. One of the resident's bedrooms looked over the courtyard and told the inspector that they were really delighted with the new shed. Maintenance work was also being completed on the veranda area off the communal day room with new decking and a screen to protect the area from wind. Residents told the inspector that they were looking forward to enjoying this area when the weather improved.

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.

## Capacity and capability

The inspector found good governance and management within the centre which included clear structures and systems in place to monitor the quality of care.

Good examples of the continued provision of a safe and suitable service for the people living in Maynooth Community Care Unit throughout the pandemic were observed. The provider adequately resourced and provided staff for the centre. There was a system of information collection and analysis to inform improvements to the quality of life of residents.

Maynooth Community Care Unit is operated by the Health Service Executive (HSE). The management structure within the centre was clearly identified. The centre was managed by a suitably qualified and experienced person in charge (PIC) who was supported in their post by an assistant director of nursing (ADON), an administrative manager, and a team of clinical nurse managers (CNMs).

The designated centre had been affected by COVID-19 during an outbreak in March-June 2020. A total of 24 residents and 45 staff were affected during this period. Sadly nine residents passed away from COVID-19. The provider had identified and responded to potential cases in the centre throughout the pandemic. At the time of inspection there was one suspected case within the centre.

Records showed that there were arrangements in place to manage the COVID-19 outbreak in the centre, however the centres risk register had not been updated to include risks identified for COVID-19. The registered provider had a clear pathway in place for testing and receiving results so that any suspected cases of COVID-19 that might occur could be identified promptly and managed effectively. The centre had developed a pandemic toolkit folder which was available to staff and included information such as management contacts and key resources. This document was reviewed by the person in charge every three months.

The provider had completed an annual review of the quality and safety of the service. However this review was not completed in consultation with residents or their families. A number of audits and checks were completed on a regular basis. Examples of these included falls risk, skin integrity, person centred care planning and activities. There was evidence that actions were taken to address issues identified in these audits, the inspector was informed if an audit resulted in a finding of under 92%, this audit would be repeated until improvements were made. The inspector was assured that continuous auditing practices were leading to improved outcomes for residents. For example repeat audits were seen to take place on end of life in March and April.

The inspector found that there was sufficient levels of staffing within the designated centre. The nursing staff were supported by a team of health care assistants, activity staff, porters, admin team, cleaning and catering staff. The actual and planned duty rosters were found to be maintained to a satisfactory level.

Training had been provided to staff to support them in their role and to improve outcomes for residents. Staff who met with the inspector had a good knowledge of procedures relating to fire, safeguarding and complaints within the centre. A range of training was also available to staff on areas such as open disclosure, managing

actual and potential aggression, children first, general data protection regulation (GDPR), risk assessment and human rights to health care module 1 and 2.

The lines of authority and accountability were understood by staff. Staff reported they were supported by management and were complimentary of the management team within the designated centre. There was evidence that the provider was using feedback from staff and residents to improve services. The provider had completed a staff wellness survey and a satisfaction survey during COVID-19 for residents. From documents reviewed, the inspector found that 91% of resident respondents reported to be satisfied.

Improvements were required in the management of restrictive measures within the centre. For example, chair and bed alarms had not been identified as restrictive practice and therefore there was no record of consent for these measures. The provider had also not recorded all restrictive measures within the quarterly notifications to the Chief Inspector which is further discussed under Regulation 31: Notification of Incidents.

The inspector reviewed a sample of three personnel files for staff. Files were seen to contain the information set out under schedule 2 to include employment history, employment references, evidence of qualifications and vetting disclosures by An Garda Siochana.

### Regulation 15: Staffing

There was a sufficient number and skill mix of staff available to support the residents and their assessed needs in the designated centre.

The building was divided into two units and there was a minimum of two nurses available at all times day and night.

Judgment: Compliant

### Regulation 16: Training and staff development

The provider had arrangements in effect to ensure that staff were kept up to date in their mandatory training. Training in relation to COVID-19 and infection prevention and control to include hand hygiene, donning and doffing (putting on and taking off) personal protective equipment (PPE) had been facilitated by the provider.

Staff had access to mandatory training such as safeguarding of vulnerable adults, fire safety and manual handling. The provider informed the inspector they recently had a staff member trained to facilitate manual handling training and the inspector reviewed a planned schedule for May and June 2021 for staff to attend training over



four days.

Three staff were trained to take swabs for the detection of COVID-19.

Judgment: Compliant

### Regulation 21: Records

Schedule 2 records of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 were available for review within the designated centre and met the requirements of the regulations.

Judgment: Compliant

### Regulation 23: Governance and management

The inspector found that the designated centre was well resourced. The staffing levels on the statement of purpose was reflected on the staff roster and the inspector saw the needs of residents being met. The cleaning team was outsourced and was also well resourced.

The overall governance of this centre was good. A review of monthly management meeting minutes showed that all areas governing the centre were discussed. Where areas for improvement were identified, there was an action plan developed to include the person responsible and a completion date.

Good systems were in place to monitor the service provided, however the centre did identify risks relating to COVID-19 on their risk register.

An annual review of the quality and safety of care delivered to residents was completed in 2020. However this review did not incorporate feedback or consultation with residents and their families.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Notifications submitted to the Chief Inspector did not include all occasions when a restraint was used. For example, the use of chair and bed alarms had not been included.

Judgment: Substantially compliant

### Regulation 34: Complaints procedure

The centres complaints policy identified the person in charge as the complaints officer for the centre. The inspector reviewed a sample of complaints from 2021 and 2020, all of which had been managed in accordance with the centre's policy and to the satisfaction of the complainant.

Judgment: Compliant

### Quality and safety

The inspector found that residents were supported to enjoy a good quality of life and that the provider and staff team were making considerable efforts to ensure that national restrictions did not excessively impact on the well being of residents.

Throughout the inspection, residents had plenty of opportunities for recreation and activities if they wished. Residents were regularly consulted about the running of the centre, via surveys and meetings and had access to an advocacy service. Overall, resident's health care needs were generally being well met. Some areas with regard to managing behaviours that challenge, the management of the premises and infection control required improvement. These are further discussed under regulation 7, 17 and 27.

The provider maintained a schedule of visits to ensure that all residents were able to stay in contact with their friends and family. The inspector observed residents being supported to attend the visiting room on the ground floor. The inspector also observed a video call occurring with one of the residents using the centres tablet to phone their family.

The inspector found that staff were knowledgeable of residents' preferences and their care needs which was reflected in individual care plans. Resident assessments were undertaken using a variety of validated tools and care plans were developed following these assessments. Care plans were seen to contain detailed information specific to the individual needs of the residents and were regularly reviewed and updated as required.

The inspector found that chair and bed alarms were not seen as restrictive practice within the centre and therefore the consent process for these measures were not in place.

There were arrangements in place to ensure that residents' health care was being

delivered appropriately, including measures to protect them from COVID-19. A general practitioner visited the centre twice a week. Residents temperature was monitored twice daily in line with current guidance.

All staff had received training in the protection of vulnerable adults. Discussions with staff on the day of the inspection indicated that staff were familiar with safeguarding policies and were aware of their role in protecting residents from abuse.

There was a person centred ethos of care in this centre and resident's rights and choice was respected. Regular residents' meetings facilitated participation in decisions about their home, and these meetings also supported residents to be informed regarding COVID-19. The provider had ensured that residents had freedom to exercise choice and control in their lives.

The centre was clean and well decorated. There was ample space for residents to spend time in communal areas whilst adhering to social distancing. The provider completed environmental and cleaning audits to identify areas for improvement. The inspector was informed that the provider was aware of storage issues within the centre. The inspector witnessed the efforts made to adhere to guidance relating to COVID-19, however improvements were required in relation to the maintenance of the premises and storage practices which impacted on the infection prevention and control measures within the centre.

The provider had taken the impact of COVID-19 seriously and it had ensured that a designated area of the building was identified for use in the event that residents were required to isolate from their peers. This included staff changing and break areas identified to ensure staff were sufficiently cohorted following the guidelines from "Summary of Key Guidance Points for Infection Prevention and Control and Outbreak Control in a Long-Term Residential Care Facility" V1.0 02.03.2021. All staff were following public health guidance in the use of PPE in the centre and ample supplies of PPE were available. The inspector observed signs in place to remind staff and residents to social distance. Staff were participating in the fortnightly screening for COVID-19.

The provider had a risk management procedure in place and risk register which had been updated in February 2021.

## Regulation 17: Premises

While the premises was of sound construction, improvements were required in the following areas which impacted on cleanliness and the safety of residents:

- Discarded items such as old empty plastic flower pots and a wooden ramp were found in the flower beds within the courtyard.
- The staff dining room for the green zone had office supplies stored in boxes on the ground and cupboards.
- Flooring in the physiotherapy room was badly damaged from a COVID-19

poster. The computer table within this room was also damaged and held up with a book.

- The bathroom used for washing facilities for male staff had storage of unused resident equipment such as hairdressing equipment and a bath used by residents.
- There was inadequate storage in cleaning and linen store rooms which led to items being stored on the floor and prevented adequate cleaning of these areas.
- Cleaning store and staff changing rooms were found to have cracked paint on the walls and damaged flooring and skirting boards which prevented appropriate cleaning.
- A resident's bedroom was seen to store old resident lockers. The inspector was informed that these were for disposal and this was being organised on the day of inspection.

The inspector was informed that the provider was aware of the limitations of the building and following an audit there were areas identified for improvements such as hopper sinks in sluice rooms and more appropriate provisions for staff changing areas.

Judgment: Substantially compliant

### Regulation 26: Risk management

The risk management policy was reviewed and it contained comprehensive information to guide staff on identifying and controlling risks.

Judgment: Compliant

### Regulation 27: Infection control

Staff were observed following good practice related to personal protective equipment, hand hygiene and social distancing.

The centre was clean and checklists for cleaning were being followed. The provider and contract cleaning company conducted regular environmental audits to monitor their practice.

While there was evidence of good infection control practice outlined above there were issues fundamental to good infection prevention and control practices which required improvement:

- The hand hygiene sink located within the storage room next to the dining room was dirty and did not have paper towels available.

- The inspector observed a used bar of soap within the staff shower rooms which was a potential contamination risk.
- There was inadequate hand hygiene facilities with no soap or paper towels within the shower room.
- In a shared bedroom there were bottles of body wash and cream which were unlabelled and should be for the use of individual residents only.

Judgment: Substantially compliant

### Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care records held in the centre. Overall, resident care and support plans were person-centred and specific. A pre- assessment was completed prior to a resident's admission to identify and ensure the centre could meet the residents' needs before moving in.

Care plans were seen to be informed by resident assessment and ongoing input from health care professionals, and reflected staff knowledge of residents' interests and personalities.

Judgment: Compliant

### Regulation 6: Health care

Residents had regular access to general practitioners and health care professionals relevant to their care and support needs. In addition residents had access to consultant geriatrician, psychiatry of old age and palliative care services as required.

Residents had regular access to allied health professionals such as an on-site occupational therapist. Referrals were also made to services such as speech and language and for a tissue viability nurse. The inspector was told that the centre were recently recruiting for an on-site physiotherapist and dietitian at the time of the inspection. Referrals were made to the HSE for residents who required access to these services. Access to these services were seen throughout residents records.

Residents who met certain criteria were facilitated to access health checks under the national screening service.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The inspector observed 12 bed and/or chair alarms within the nurse stations on the day of the inspection. The centre had not seen these alarms as a restrictive measure and therefore there was no consent process for this practice evidenced.

Judgment: Substantially compliant

### Regulation 8: Protection

The inspector was informed that the centre was pension agent for 13 residents. Arrangements were in place to ensure that where money was managed by the provider on behalf of the resident, there was appropriate safeguarding and monitoring against potential financial abuse.

There was one open safeguarding incident on the day of inspection. The inspector was assured that the provider had policies and supporting procedures for ensuring that residents were protected from all forms of abuse and this was being investigated and appropriately followed.

Judgment: Compliant

### Regulation 9: Residents' rights

The environment was calm with a person-centred ethos of care in the centre. The inspector observed staff and resident interactions throughout the day and found that residents privacy and dignity was respected in the delivery of general and personal care and support.

Measures were in place to ensure that residents contributed to the operation of the designated centre. Feedback from residents was captured via residents meetings and surveys.

Residents spoken with expressed the view that they were happy living in the centre. They said if they had any concerns they would speak with staff or management.

There was activity care plans for residents to detail their preferences for recreation. The inspector found there was sufficient opportunities for recreation seen on the day of inspection and within records reviewed. The centre had two activities coordinators and there was a weekly activity schedule offered seven days a week.

Posters for an advocacy service were clearly displayed throughout the centre. The inspector was informed that this advocacy service had recently been utilised to support a resident in their decision making and choices with their care and support.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Substantially compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant



# Compliance Plan for Maynooth Community Care Unit OSV-0000516

Inspection ID: MON-0032807

Date of inspection: 28/04/2021

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: The risk register has been updated to include identification of risks associated with Covid-19 on 11/05/2021.</p> <p>In the Annual Report 2021 there will be documented evidence of feedback and consultation that occurred with residents and their families in 2021.</p>	
Regulation 31: Notification of incidents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents: The use of bed and chair alarms will be included in the quarterly notifications in July 2021.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: 1. The empty flower pots and the wooden ramp have been removed from the flower beds in the courtyard from 11/05/2021.</p>	

2. The green staff dining zone is clear of storage boxes from 07/05/2021.
3. Replacement social distance floor sticker in physiotherapy room has been ordered on 07/05/2021 and will be replaced on receipt of same. A replacement computer table has been ordered on 11/05/2021 and the old one will be removed on receipt of the new one.
4. Hairdressing equipment has been removed from the male changing room on 11/05/2021.
5. In the linen store room all stock has been removed from the floor on 11/05/2021.
6. The cleaning store and staff changing room will be repainted by 30/12/2021.
7. Health and safety infrastructure audit was completed in the designated centre on 16/04/2021 and areas were prioritized for maintenance works for completion by 31/12/2021.

Regulation 27: Infection control	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:  
 Paper towels are now in place and a scheduled cleaning has been put in place for the hand hygiene sink located in the storage room next to the dining room since 11/05/2021.

In the staff shower room and in the identified shared bedroom, unused equipment was cleared on 18/05/2021 and then deep cleaned.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:  
 All chair and bed alarms in use now have documented consent processes for this practice evidenced from 17/05/2021.



## 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		30/12/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	11/05/2021
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	30/12/2021

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	24/05/2021
Regulation 31(3)	The person in charge shall provide a written report to the Chief Inspector at the end of each quarter in relation to the occurrence of an incident set out in paragraphs 7(2) (k) to (n) of Schedule 4.	Substantially Compliant	Yellow	30/07/2021
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	17/05/2021