



**Health
Information
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An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St Joseph's Unit
Name of provider:	Health Service Executive
Address of centre:	Bantry General Hospital, Bantry, Cork
Type of inspection:	Short Notice Announced
Date of inspection:	29 June 2020
Centre ID:	OSV-0000597
Fieldwork ID:	MON-0029846

About the designated centre

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

St Joseph's Unit, Bantry General Hospital is located on the first floor of Bantry General Hospital. It was opened in 1991. Our vision is to deliver high quality, holistic, person centred care in a homely environment. Our ethos is to have an environment where residents feel safe and protected. St Joseph's Unit currently has 24 registered beds: 18 are continuing care beds, 4 are respite beds and 2 palliative care beds. There are 12 single rooms with en-suite facilities, including 2x palliative care suites, 2 x four bedded rooms with en-suite facilities and 2 x two bedded rooms with en-suite facilities. All residents have an assessment of their physical, social and cognitive ability prior to admission to the residential services. To fulfil personal, social and psychological needs the following activities are available: arts for health, Sonás, Bingo, massage weekly, music sessions, etc. Mass is televised when celebrated, Wednesday evenings and Saturday mornings. Representatives of other religions/ spiritual groups are available and visit on a regular basis. There is 24 hour nursing care and residents have access/ referral to physiotherapy, occupational therapy, chiropody, podiatry, dietitian and speech and language therapy.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	16
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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
Monday 29 June 2020	09:30hrs to 17:30hrs	John Greaney	Lead

What residents told us and what inspectors observed

The overall feedback from residents and relatives was that this was a nice place to live. Staff promoted a person-centred approach to care and were found to be kind and caring.

Feedback received from residents was very positive regarding their experiences and their level of satisfaction with living in the centre. The inspector met and spoke with residents in the communal areas during the inspection. Residents told the inspector that they felt safe and staff were kind to them. Staff were observed to be respectful, kind and gentle towards residents and to avail of opportunities to interact positively and chat with residents. One resident said that staff go to extremes to make sure you have what you want. Residents appeared content, well dressed and groomed. They were satisfied with the laundry service and said their laundry was always returned to them. Residents were satisfied with mealtimes, the menu choices on offer and the quality of the meals which were served.

Residents said they knew all about Covid-19, because the person in charge and the staff kept them informed. They said that staff encouraged them to wash their hands and supported them to maintain social distance. One resident said that it was tough not being able to see family. A number of residents commented that what they missed most was meeting with visitors and family and while they appreciated staff support to keep in contact by using the tablet or phone, it wasn't the same as meeting visitors in person.

Residents told the inspector that they knew they could make a complaint if they were dissatisfied with any aspect of the service and felt that they were always listened to. They named various staff members they said they would be happy to talk to regarding any dissatisfaction they experienced or anything they were worried about.

The inspector observed that residents' choice was respected and control over their daily life was facilitated in terms whether they wished to stay in their room or spend time with others in the sitting rooms.

Capacity and capability

This was a one day short-term announced inspection to monitor compliance with the regulations. Overall, the findings on this inspection were that the management team provided good leadership, and a commitment to on-going quality improvement. The Inspector acknowledges that residents and staff living and working in centre have been through a challenging time and they have been successful to date in keeping

the centre Covid-19 free.

The centre was managed by an appropriately qualified person in charge, responsible for the direction of care. She was the COVID 19 lead in the centre and had formulated a comprehensive preparedness plan in the event of an outbreak. The designated centre operated within Bantry General Hospital. While the management structure reflected its location within an acute hospital setting needs, the provider was cognisant that these were residents in long-term care.

There was a comprehensive programme of training, and all staff had attended up-to-date training in mandatory areas, such as manual handling, safeguarding and fire safety. However, only a small number of staff had attended training in responsive behaviour.

Up to date training had been provided to all staff in infection control, hand hygiene and in donning and doffing of PPE. Staff were seen to abide by best practice in the sanitising of hands and wearing of PPE. Staff were familiar and aware of the ongoing changes to guidance from public health and the HSE.

There were systems in place to manage critical incidents and risk in the centre. Accidents and incidents in the centre were well recorded, appropriate action was taken, and they were followed up on and reviewed. There were organised systems and processes in place to monitor the quality and safety of care received by residents. This was through a comprehensive auditing process in areas such as medication management, restraint, and falls. Findings of audits were discussed at staff meetings and used to inform and improve practice. While there was an effective complaints procedure in place there were only a small number of complaints on record. Complaints were investigated promptly and complainants were informed of the outcome the complaints process.

Regulation 14: Persons in charge

The person in charge is a registered nurse with adequate experience in care of the older person and management. The person in charge was known to residents and throughout the inspection she demonstrated an in depth knowledge of residents and a commitment to enhance the lives of residents in the centre.

Judgment: Compliant

Regulation 15: Staffing

Residents spoke positively of staff and indicated that they were caring, responsive to their needs and treated them with respect and dignity. Staff were observed to

interact with residents in a kind, respectful and dignified manner.

The number and skill mix of staff on the day of inspection was appropriate, having regard to the care needs of residents and the size and layout of the centre. The staff roster was reviewed and discussed and the person in charge outlined that the roster was constantly under review in line with the changing needs of residents.

Judgment: Compliant

Regulation 16: Training and staff development

There was a comprehensive programme of training and all staff had attended mandatory training in the areas of fire safety, manual handling and safeguarding residents from abuse. Most staff, however, had not attended training in responsive behaviour.

In response to the National Public Health Emergency (NPHE), all staff had completed online training on COVID-19. This training included infection prevention and control and the application and removal of personal protective equipment (PPE). All staff had also completed training in hand hygiene. Staff were updated regularly in relation to the Health Protection and Surveillance Centre (HPSC) guidelines on the prevention and management of COVID-19. Staff were observed to be adhering to guidance in relation to hand hygiene, maintaining social distance and in wearing personal protective equipment.

Judgment: Substantially compliant

Regulation 21: Records

Records were stored securely and easily retrievable. Residents' records were reviewed by the inspector who found that they complied with Schedule 3 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The records listed in Schedule 4 to be kept in a designated centre were all maintained and made available to the inspector.

The inspector reviewed a sample of staff files and found that they contained most of the information as required by Schedule 2 of the Regulations. There was a Garda vetting disclosure and photographic identification for each member of staff. There were a minimum of two written references, including one from the person's most recent employer. While there was an employment history for each member of staff, one file contained a summary of the person's past employment but did not include dates of when each employment commenced and ended.

Judgment: Substantially compliant

Regulation 23: Governance and management

The organisational structure included tiered, managerial oversight on a local, regional and national basis. The designated centre operated within Bantry General Hospital and management systems were in place to ensure that the services provided were safe, appropriate to residents' needs, and effectively monitored. The person in charge is a clinical nurse manager and reports to assistant director of nursing (ADON) and director of nursing (DON). The DON reports to an Executive Management Board, which meets monthly and St. Joseph's Unit is a standing item on the agenda.

Quality management systems to monitor the delivery of service included regular and relevant auditing procedures in areas such as falls, environmental hygiene, care planning and medication management. An annual quality review of the quality and safety of care had been completed. There was also evidence that residents and families had been engaged in processes of consultation, particularly around care planning.

Judgment: Compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract of care that outlined the services provided and fees to be charged. The contract did not, however, identify the bedroom to be occupied by each residents and the number of other residents, if any, in that room. There was also a need to include fees for additional services such as hairdressing in the contract.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a centre-specific statement of purpose. It set out the aims, objectives and ethos of the centre and summarised the facilities available and services provided. The person in charge confirmed that the statement of purpose was kept under review.

The inspector reviewed the statement of purpose and found that it required review

to ensure that it accurately reflected the facilities available in the centre.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

There was a policy and procedure in place for the management of complaints. There was a notice on display, identifying for residents and visitors the procedure for making a complaint.

The complaints log was reviewed. There were only a small number of complaints recorded. Residents' complaints and concerns were listened to and acted upon in a timely, supportive and effective manner. There was evidence that residents and relatives were satisfied with measures put in place in response to issues raised. The person in charge informed inspectors that she monitored the complaints of all residents and relatives.

Judgment: Compliant

Regulation 4: Written policies and procedures

All the required policies and procedures were in place, however, some were due for review this process was underway at the time of the inspection. The process had been delayed due to the NPHE.

The person in charge had organised all information relating to COVID 19 in a specific folder which was easily accessible to all staff working in the centre. This included the Health Protection and Surveillance Centre (HSPC) and HSE guidelines, which were updated as new information was published.

Judgment: Substantially compliant

Quality and safety

The inspector found that the overall healthcare needs of the residents were met to a good standard and that they had access to appropriate medical and allied healthcare services.

Adequate measures were in place to minimise the risk of the introduction of the COVID-19 virus to the centre. No residents or staff had tested positive for the virus

prior to the date of this inspection. The provider had a preparedness plan for the management of an outbreak, should one occur.

The inspector viewed a number of residents' records and found that care delivered was based on a comprehensive nursing assessment completed on admission, involving a variety of validated tools. There was timely access to general practitioner (GP) services. An out of hours service was also available. There was evidence of regular medical reviews and referrals to other specialist services, as required.

There were processes in place to ensure the safe admission, transfer and discharge of residents to and from the centre. There was evidence that staff provided care in accordance with any specific recommendations made by medical and allied health professionals.

There was a reported low incidence of wound development and the inspector saw that the risk of same was assessed regularly and appropriate preventative interventions including pressure relieving equipment were in use. There were no residents with a pressure ulcers at the time of inspection.

All staff had received up to date training in fire safety. Residents had personalised emergency evacuation plans (PEEPS) in place. There were adequate procedures in place to ensure that fire safety equipment was functioning appropriately and that emergency exits were not obstructed. Fire drills, however, were not conducted at a minimum of six-monthly intervals in accordance with fire safety guidance.

Residents' nutritional status was kept under review. Food appeared to be nutritious and was attractively presented and appetising in appearance. Most residents had a choice of food at mealtimes, however, this was not the case for residents prescribed modified texture diets. These residents were not offered a choice at mealtimes. There was access to drinks and snacks between meals.

The activity schedule had been adapted to take account of the restrictions on external entertainers visiting the centre. Residents were in regular contact with relatives through the use of electronic tablets. Visiting had resumed and there was a plan in place to ensure that the number of visitors in the centre at any one time was limited.

Regulation 11: Visits

Visiting had been restricted in accordance with guidance during the NPHE and only essential visiting had been permitted, such as when a resident was at end of life. Visiting had now resumed in a controlled manner and there were adequate procedures in place to support visitors comply with infection control guidance during their visit.

The centre had a number of electronic tablets and there was good WiFi in the centre. The activities coordinator assisted residents to communicate with relatives

during the period of restricted visiting through video and telephone calls. This process had continued after visiting had resumed and the activities coordinator scheduled video calls so that residents had access to an electronic tablet when their relative called. Some residents that had limited mobile phones or electronic tablets prior to the NPHE had now become quite adept at using them. One resident stated that, while it was good to maintain contact through video calls, it was not a replacement for face to face visits.

Judgment: Compliant

Regulation 12: Personal possessions

There were two four-bedded rooms that were predominantly used for residents admitted for short periods, such as for respite. These rooms were spacious and there was adequate space between the beds. There was a single wardrobe and bedside locker in a combined unit adjacent to each bed. While these provided adequate space for residents admitted for respite, there would not be sufficient space for residents personal possessions should they be a long term resident of the centre.

Judgment: Compliant

Regulation 13: End of life

A centre-specific policy that provided relevant guidance to staff on the provision of care around end of life was in place, and most recently reviewed in November 2019. The policy was comprehensive and provided directions to staff in the provision of care that met the physical, emotional, social and spiritual needs of residents at end of life.

The inspector reviewed a sample of care plans and noted that residents' wishes around spirituality and dying were documented and preferences in relation to end of life had been recorded. The inspector also reviewed the care plan of a resident in receipt of palliative care and noted that appropriate notes were maintained in the communication sheet, with regular review by a general practitioner, and input by the palliative care team around pain relief and wound management.

There were two designated palliative care rooms that were large in size. The rooms contained an armchair and couch and facilitated relatives to remain overnight with residents at end of life, should they so wish.

Judgment: Compliant

Regulation 17: Premises

The centre is located on the first floor of Bantry General Hospital, on the outskirts of the town. Overall, the premises is in keeping with the individual and collective needs of the resident profile, as reflected in the statement of purpose.

The centre is bright with good natural light and is nicely decorated throughout. There is an outdoor sheltered roof terrace that overlooks the local countryside and bay. The terrace is readily accessible to residents and it was evident that considerable effort has been taken to make it an inviting environment for residents to spend time. It has large plant boxes with a wide variety of colourful shrubs. It also has garden benches and chairs.

Bedroom accommodation comprises 12 single bedrooms, two twin bedrooms, and two four-bedded rooms. All of the bedrooms are en suite with shower and toilet facilities. Single bedrooms are spacious, with large en-suite facilities that had motion sensor lighting and included a wheelchair accessible shower, a toilet with contrasting grab rails, and a wash-hand basin. There is adequate screening between beds in the multi-occupancy bedrooms. All rooms had a functioning call-bell and accessible lighting.

There are two four-bedded rooms that are large in size with adequate space in the rooms for a chair and wardrobe. Each bedroom was appropriately equipped with clothes storage and a lockable space for personal items. All bedrooms were bright, with a view of the outdoors. Each of the single bedrooms had a television and there were also ceiling mounted televisions at the end of each bed in the multi-occupancy bedrooms. Two of the single rooms are reserved as palliative care suites that incorporate a small seating and kitchenette space for use by relatives as necessary. The centre had two sluice rooms, wheelchair accessible toilets and showers, a clinical room and a small seating area adjacent to the lift entrance.

Judgment: Compliant

Regulation 18: Food and nutrition

Meals are prepared centrally and delivered to residents in the designated centre. There was also a separate kitchen area within the unit with cooking facilities that supported residents in the provision of snacks and refreshments.

Members of staff were able to explain how relevant information about the dietary requirements of residents was made available to those staff with responsibility for preparing and serving meals. Staff were also able to demonstrate how this information was regularly revised, following communication at handover for example, if a resident's needs had changed. Records of dietary requirements were

documented in residents' care plans and were also available in the kitchen on the unit.

The inspector reviewed a sample of care plans and noted that all residents were nutritionally assessed on admission using an appropriate assessment tool. These assessments were regularly reviewed. Referrals were made to allied health services, such as dietetics and speech and language therapy as required.

The inspector observed meals being served that were freshly prepared, nutritious and appetising in presentation. While choice of food was available for most residents, records available indicated that choice was not offered to residents prescribed modified diets. The list used by staff containing menu choices by residents only contained the food texture and did not reference a menu option for these residents.

Judgment: Substantially compliant

Regulation 26: Risk management

There were adequate measures in place for the control of risk. There was a safety statement that was most recently reviewed in June 2020. There was a risk management policy that met the requirements of the regulations. There was a risk register that identified risk throughout the centre and included details of the controls in place to mitigate the risks identified. The risk registered included to the risk posed by the COVID-19 pandemic.

Judgment: Compliant

Regulation 27: Infection control

At the time of this inspection no residents or staff in the centre had tested positive for the COVID-19 virus. There were procedures in place for monitoring residents and staff for signs and symptoms of COVID-19, such as monitoring temperatures and ascertaining if they were symptomatic, to minimise the risk of an outbreak in the centre. There was a staff member stationed at the hospital entrance to record the temperature of each person entering the centre and to ascertain that they were symptom free. There were wash hand basins and hand gel dispensers located at suitable intervals throughout the premises.

Staff were observed to be adhering to good hand hygiene practices, using PPE appropriately and observing physical distancing.

Judgment: Compliant

Regulation 28: Fire precautions

Suitable measures were in place to protect residents and staff against the risk of fire. Suitable fire fighting equipment and means of escape were available, and these were regularly tested, serviced and maintained. Personal Emergency Evacuation Plans (PEEPS) were in place for all residents.

Staff had up-to-date fire safety training. Staff spoken with were knowledgeable of what to do in the event of a fire. Fire drills, however, were not conducted at a minimum of six monthly intervals, as recommended - management must now ensure 6 monthly fire drills are in place. Fire drills were only conducted by an external trainer during annual training.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Information collected about each resident on admission, and throughout the residents' stay in the centre was used to develop a person-centred care plan. There was evidence of a multidisciplinary approach to care delivery. Documentation used was comprehensive and based on scientific tools to assess care. A sample of care plan documentation was reviewed by the inspector. Care plans were informative and person centred.

Judgment: Compliant

Regulation 6: Health care

The health needs of residents were reviewed and overall they had access to a range of healthcare services. All residents had access to general practitioner (GP) services and records indicated that they were reviewed on a regular basis. There was an out-of-hours GP service available if a resident required review at night time or during the weekend.

There was access to allied healthcare professionals including physiotherapy, occupational therapy, dietetics and speech and language therapy.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

There were policies in place about meeting the needs of residents with responsive behaviour (also known as behavioural and psychological signs and symptoms of dementia) and restrictive practices. Policies were seen to give clear instruction to guide staff practice.

Training records reviewed by the inspector indicated that a significant number of staff had not attended training related to responsive behaviour and the care of people with dementia. The inspector reviewed residents' files and noted that a comprehensive assessment had been undertaken. Possible triggers had been identified and staff spoken with were very familiar with appropriate interventions to use. Support and advice were available from the psychiatric services.

The inspector reviewed the use of restraint and found that improvements had been made since the last inspection resulting in a significant reduction in the use of bedrails. Risk assessments were conducted prior to the use of bedrails and there was evidence of the exploration of alternatives to bedrails. The risk assessment for one resident with bedrails in place, however, indicated that bedrails should not be used as there was a risk of the resident attempting to climb over the bedrails.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector found that measures were in place to protect residents from being harmed or abused.

All residents spoken with said they felt safe and secure in the centre, and stated that staff were supportive. Staff were knowledgeable of what action to take if they witnessed, suspected or had abuse disclosed to them. Records reviewed confirmed that staff had received training on safeguarding residents from abuse.

The provider was pension agent for two residents and there were adequate arrangements in place for the management of residents' finances.

Judgment: Compliant

Regulation 9: Residents' rights

Residents told the inspector that they received good care and support from all staff.

There were regular residents meetings, which provide a forum for residents to have a say in the day to day operation of the centre.

The activities schedule was discussed with the activities coordinator and it was evident that considerable effort had been made by the activities coordinator, and indeed by all staff, to support residents in recreation and occupation in the absence of visiting activity personnel.

The centre had four electronic tablets that were in constant use. Fourteen of the sixteen residents in the centre regularly used the tablets to video call their relatives. The activities coordinator created a schedule so that time was set aside for each resident to have access to the tablets. Some residents were now in more frequent contact with relatives than prior to the NPHE.

Residents participated in a music and song project that was coordinated by an external facilitator. The project involved each resident getting a letter each week, which outlined a music related task to complete and return in a stamp addressed envelope. The task usually involved residents reminiscing about a song or a music piece personal to them.

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	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	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 St Joseph's Unit OSV-0000597

Inspection ID: MON-0029846

Date of inspection: 29/06/2020

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>All staff will have training in Responsive Behaviour. Training to be completed by 10th February, 2021.</p>	
Regulation 21: Records	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 21: Records:</p> <p>Going forward, Regulation 21 will be reflected in our recruitment process. Action immediate.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Contract of Care for the provision of Service has been reviewed to include the bedroom to be occupied by the resident and the number of residents, if any, in that room. The Contract of care has been reviewed to include Hairdressing services and the</p>	

appropriate fees.

Regulation 3: Statement of purpose

Substantially Compliant

Outline how you are going to come into compliance with Regulation 3: Statement of purpose:
Statement of Purpose has been reviewed to reflect the facilities available in St Josephs Unit. Action completed at this date.

Regulation 4: Written policies and procedures

Substantially Compliant

Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:
All the required policies and procedures review will be completed by 30th November, 2020.

Regulation 18: Food and nutrition

Substantially Compliant

Outline how you are going to come into compliance with Regulation 18: Food and nutrition:
In regard to food and nutrition the following actions are in progress;
Review of the choice of modified diets available.
Paper records of food choices to be kept for a period of two weeks to reflect the choice offered to residents.
Staff updated on the taking of food orders and the availability and choice of foods available.
Modified diet choice options to be formalized by September 30th, 2020.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire drills to be conducted at a minimum of six monthly intervals with immediate effect.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: All staff to attend mandatory responsive behavior training. All staff to complete training on Dementia. To be completed by 10th February, 2021.</p> <p>Ongoing review of the Bedrail risk assessment tool use has been undertaken. Action completed.</p>	

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	10/02/2021
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	30/11/2020
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	14/08/2020
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms,	Substantially Compliant	Yellow	14/08/2020

	including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.			
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	14/08/2020
Regulation 03(1)	The registered provider shall prepare in writing a statement of purpose relating to the designated centre concerned and containing the information set out in Schedule 1.	Substantially Compliant	Yellow	14/08/2020
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any	Substantially Compliant	Yellow	30/11/2020

	event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.			
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	10/02/2021
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	14/08/2020