



Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Beneavin House
Name of provider:	Beneavin House Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Announced
Date of inspection:	13 and 14 November 2018
Centre ID:	OSV-0000694
Fieldwork ID:	MON-0022361

About the designated centre

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

The designated centre is located in north County Dublin and is close to local shops and amenities. There is a car park situated at the front of the building and disabled parking is available. Beneavin House is a purpose built nursing home that provides accommodation for 150 residents over the age of 18 years. The nursing home offers 24 hour care to dependent residents with low, medium, high and maximum dependencies including people living with dementia. Accommodation is provided across four floors which are arranged around a central courtyard garden. Oakfield unit is situated on the ground floor and has 31 single bedrooms and four twin bedrooms. Willowbrook is situated on the first floor and has 35 single bedrooms and five twin rooms. Claremont is situated on the second floor and has 41 single rooms and one twin room. Claremont is divided into two units Claremont and Claremont Walk. Claremont Walk provides accommodation for 11 residents living with dementia and is designed specifically to meet their needs. Most of the bedrooms on Oakfield, Willowbrook and Claremont units have en-suite facilities. Cedars Unit is on the fourth floor and has 19 single and two twin bedrooms. All bedrooms on Cedars are en-suite. Each floor has additional communal bathrooms and wheelchair accessible toilets. There are communal lounges and dining rooms on each floor and Claremont has an additional lounge. There is also a hairdressing salon, an oratory and a family room with overnight facilities which can be organised through the Home manager. Activity rooms and a smoking room for residents are also available.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	147
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How we inspect

To prepare for this inspection the inspector or 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
13 November 2018	10:00hrs to 18:00hrs	Ann Wallace	Lead
14 November 2018	08:30hrs to 17:30hrs	Ann Wallace	Lead

Views of people who use the service

The inspectors spoke with a number of residents and their families during the inspection. They also reviewed the questionnaires that residents and their families had completed as part of the inspection process. Overall residents and their families reported high levels of satisfaction with the care and services that were provided for them in the designated centre.

Residents and their families said that staff in the designated centre were respectful, kind and caring and that they felt safe. Residents said that they could approach staff or managers if they had any concerns or complaints and that they were listened to. Residents and their families commented that there had been a number of staff changes over the summer period but that the staff changes had reduced over the previous two months. However some concerns were still raised by families and residents in relation to the use of agency care staff.

Residents said that they were comfortable in the centre and that the premises met their needs. They particularly enjoyed the enclosed courtyard garden and the outside activities and entertainments that were organised during the warmer months. Residents had been able to personalise their bedrooms with furniture and artefacts from home and took pride in their personal space. Some residents commented that the communal areas were well used and that they would like more seating areas where they could meet with their visitors in private and away from the communal areas.

Families and visitors said that they were made welcome in the centre. Families were kept informed about any changes in their resident's health or well-being and were satisfied with the communications between themselves and the staff.

Residents said that they enjoyed their meals and that there was choice at each meal time however a number of residents commented that the food was sometimes not warm enough when it was served to them. Residents also commented that they would like more variety on the menus and a wider range of snacks available.

Overall residents were happy with the planned activities in the centre and they particularly enjoyed the music and baking activities and the exercise sessions. Bingo was also very popular with residents. However some residents did say that they would like more day trips and activities away from the centre and more activities designed for those residents with higher levels of dependencies. A number of residents commented that they would like to do some of their own shopping either at a shop in the centre or on a trip to local shops.

Capacity and capability

This was announced inspection carried out in response to the registered provider's application to renew the registration of the designated centre. The inspectors also followed up on the compliance plan from the previous inspection in November 2017. Inspectors found that the designated centre had made significant improvements in relation to staffing and staff supervision and training although further improvements were required under both regulations as described below.

Governance and management arrangements had also improved and the registered provider had appointed a Group Operations Director, two assistant directors of nursing and three clinical nurse managers in line with the compliance plan from the previous inspection. Oversight and monitoring systems had improved since the last inspection; however inspectors found that the monitoring systems in place in relation to staff selection and recruitment needed to improve as a member of staff had been working in the centre for a period of time without appropriate Gardai vetting in place. The Gardai vetting was in place at the time of the inspection but the error had not been picked up by the centre's own audit systems.

Inspectors were assured that there were sufficient staff available to meet the needs of residents and to deliver care and services, however ongoing staff vacancies meant that the centre regularly used agency care staff and residents told the inspectors that these staff changes had a negative impact on their care. This was a finding on the previous inspection. Recruitment efforts were ongoing and there was a staffing strategy in place to improve staffing levels and continuity of care for residents going forward.

The inspectors found that staff had access to appropriate training to ensure they could provide safe and appropriate care for residents. Records showed high levels of compliance with mandatory training requirements in the centre. Staff also had good access to further training in key areas such as dementia care and responsive behaviours. Staff demonstrated good knowledge and skills during the inspection and were clear about their roles and responsibilities.

Three clinical nurse managers were in post and they provided support and supervision to nursing and care staff on each unit. Staff supervision was monitored by the assistant directors of nursing and records were kept of supervision sessions for individual members of staff. Most staff had received formal supervision since the last inspection however this level of supervision did not extend to the staff working on night duty.

Since the last inspection improvements had been made in the monitoring of clinical key performance indicators such as restraints, falls, pressure sores and complaints. There was clear evidence that where improvements were required this information was shared with the relevant staff. However improvements were still required to ensure that where changes had been agreed that these were implemented as

planned and that their effectiveness was evaluated.

There was a clear complaints policy in place. The procedure how to make a complaint was communicated to residents and families on admission and in the resident's guide. Residents and their families told the inspectors that staff and managers were approachable and that they felt able to raise any concerns or issues that they might have. Two people who had made complaints told the inspectors that they were satisfied with how the complaint had been managed. The person in charge maintained a log of complaints however improvements were required to ensure that complaints were clearly recorded in line with the centre's own policies and procedures.

Registration Regulation 4: Application for registration or renewal of registration

The registered provider had made an application to renew the registration of the designated centre and had submitted the information as required and had paid the prescribed fee in accordance with section 48(2)(c) of the Act.

Judgment: Compliant

Regulation 14: Persons in charge

The person in charge met the requirements of the regulation. She is a registered nurse who has worked for more than six years as the person in charge in the centre. She holds a post registration management qualification in health care and attends regular update training in line with the Nursing and Midwifery Board of Ireland requirements.

She works full time in the centre and is engaged in the day to day operational management, the administration and the effective governance of the centre. The person in charge was known to residents and their families.

Judgment: Compliant

Regulation 15: Staffing

Staffing levels had improved in line with the designated centre's comprehensive staffing strategy. However there was still a high number of agency care staff being used in the centre especially on night duty. As a result the number and skill mix of

staff was not always appropriate having regard to the needs of the residents and the size and layout of the centre.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Staff had access to appropriate training and records showed that staff were up to date in key areas such as fire safety, elder abuse and moving and handling.

Clinical Nurse managers provided support and supervision for nursing and care staff on the units during the day time however this level of supervision was not available for staff working on night duty.

Judgment: Substantially compliant

Regulation 23: Governance and management

The designated centre had made significant improvements in the management and oversight of the service since the previous inspection. There was a clearly defined management structure in place that identified lines of authority and accountability. Staff were clear about their roles and responsibilities and were supported and supervised in their day to day work.

Although management systems were in place to ensure that the service provided was safe and appropriate inspectors found that one member of staff had been working for a period of time in the centre before appropriate Gardai vetting was obtained. Gardai vetting was now in place for this staff member however the designated centre's governance systems had not identified the period of non compliance when appropriate vetting was not in place.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The registered provider had prepared a statement of purpose relating to the designated centre which contained the information set out in Schedule 1 of the

regulations. The statement of purpose had been updated in November 2018 to reflect staff and management changes in the centre.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a comprehensive complaints policy in place which met the requirements of regulation 34. The person in charge maintained a log of complaints received and records of how the complaint had been managed however some records were not recorded in line with the centre's own policy and procedures.

The procedure for making a complaint was communicated to residents and families in the resident's guide. The complaints procedure was also displayed in the entrance lobby. The information told residents/families how to make a complaint to a member of staff or to the Home Manager and how to escalate a complaint if they was not satisfied with how the complaint was managed.

Judgment: Substantially compliant

Regulation 4: Written policies and procedures

The centre had a range of policies and procedures in place to guide practices and outline the standards required for care and services. These had been updated in 2018 and provided clear and up to date guidance for staff. The policies and procedures required in Schedule 5 of the Regulations were available.

Policies and procedures were communicated to staff through induction training and staff meetings.

Judgment: Compliant

Quality and safety

Overall the inspectors found that significant improvements had been made in relation to the quality and safety of care and services for residents in the designated centre. However further improvements were required to ensure that safeguarding

concerns were recorded in line with the centre's own policies and procedures.

The inspectors reviewed a number of areas under risk management that had been identified at the last inspection. They found that the administration of medicines had significantly improved and that nursing staff followed safe practices and were not interrupted during the medication round. Nursing staff were not called away to attend to phone calls and to other residents during the resident's meal times which ensured that care staff were adequately supported and supervised at these times. In relation to moving and handling practices records showed that all staff had attended moving and handling training.

Each resident had a comprehensive assessment of their needs prior to their admission. On admission a care plan was developed with the resident and/or their family. Care plans were reviewed four monthly although the care plan audits recorded that a small number of care plans had not been reviewed in line with the centre's own policies and procedures. This was being addressed by the assistant director of nursing. The inspector also noted that wound assessments were not completed in line with the centre's policy and did not have comprehensive measurements in place.

Residents had good access to a wide range of health and social care services to meet their ongoing needs. This included General Practitioners (GP) and specialist medical and psychiatry of old age services when required. Access to physiotherapy and occupational therapy services had improved since the previous inspection and a number of seating assessments had been completed for residents with maximum dependency. Resident's families expressed high levels of satisfaction with these improvements and one relative told the inspectors how much the resident's quality of life had improved since they had obtained a suitable specialist chair which enabled the resident to move around the unit and participate in activities and social gatherings.

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) had care plans in place. Staff were knowledgeable about individual residents and the potential triggers for responsive behaviours. Staff had received training in the management of responsive behaviours and demonstrated appropriate skills when helping to reassure and support residents who became agitated.

The centre was working towards a restraint free environment and had reduced the number of bed rails that were in place since the last inspection. Records showed that alternatives such as low-low beds and floor mats were trialled with residents before bed rails or other restraints were introduced. There was minimal use of p.r.n. psychotropic medications to manage responsive behaviours. Where residents had increased levels of responsive behaviours this was investigated and reviewed by the resident's GP and the wider multi-disciplinary team.

The registered provider had taken appropriate steps to protect residents from abuse. All staff had attended safeguarding training in relation to the detection and

prevention of abuse and staff who spoke with the inspectors were clear about their role and responsibility to keep residents safe. All staff working in the centre had Gardai vetting in place at the time of the inspection. As discussed under Regulation 23 improvements were required in the oversight of selection and recruitment procedures to ensure that standards were maintained in this area.

The inspector also noted that improvements were also required to ensure that where a concern was raised and investigated that this was recorded in line with the centre's own policies and procedures and notified to the relevant authorities within the required time frames.

Residents reported high levels of satisfaction with the activities that were on offer in the centre. The social care lead carer worked with nursing and care staff to plan and deliver the schedule as planned. The programme included a range of group and 1:1 sessions and there was good use made of outside entertainers and speakers including the pet therapy service. A number of residents said that although they enjoyed the activities in the centre they would like more trips out to local places of interest or to the shops.

Staff resident interactions were marked by genuine respect and empathy. Staff who spoke with the inspectors knew the residents they were caring for and were familiar with their preferences for care and daily routines. Residents were offered choices throughout the day in when to get up or retire to their rooms, meals and activities. Residents had access to newspapers, television and radios. Regular prayer services and mass were held in the centre's oratory and activities areas.

Overall residents said that the premises and accommodation met their needs and that they were warm and comfortable. Some residents expressed a need for more small seating areas away from the main communal rooms where they could meet with their visitors in private. Inspectors found that the designated centre was clean and well maintained for the comfort and safety of the residents and staff who lived and worked there. Bedrooms were of a good size and most had en-suite facilities. Communal bath and shower rooms were well equipped and provided full wheelchair access.

Storage space for equipment such as hoists and wheelchairs was limited which meant that on some units equipment was stored in bathrooms or in communal areas. In addition the location and size of the sluice room on cedars unit did not support good infection control practices.

Communal areas were homely and most were well used by residents over the two days of the inspection. Designated activities rooms were available on two of the floors but the large activity room on Claremont Unit was set up as a staff training area on the days of the inspection and there was no evidence that it was used as a resident area. The inspectors also found that two additional communal rooms at the periphery of two of the units were not being fully utilised for the benefit of the residents. This had been recognised by managers and staff in the centre and a project to review the usage of communal areas throughout the designated centre was in progress at the time of the inspection.

Regulation 13: End of life

Appropriate care and comfort were provided for those residents at end of life to address the person's physical, emotional, psychological and emotional needs. The resident's family and friends were kept informed about the heir condition and were encouraged to be involved with the resident's care and support at these times. A family overnight room was available if required.

Where a resident at end of life was accommodated in a twin room and made it known that they wanted a single room this was facilitated by staff.

Judgment: Compliant

Regulation 17: Premises

Overall the premises met the requirements of Schedule 6 of the Regulations having regard to the number and needs of the residents. However a number of resident areas were not being used in line with the centre's current statement of purpose. In addition the sluice facility on Cedar unit was not fit for purpose due to its location and storage facilities for equipment such as hoists was not adequate.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Resident's had access to a safe supply of fresh drinking water at all times. There were adequate supplies of freshly prepared food at meal times with a range of choice for residents. Where residents had specific dietary needs records showed that they had a dietetic assessment of their needs and where specialist diet or support was prescribed this was provided for the resident.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

When a resident was transferred into or transferred back from another care facility the person in charge had put into place the necessary processes to ensure that all relevant information about the resident was communicated to relevant staff and agencies.

Where a resident had been discharged from the centre following short term care the discharge was planned in a safe and appropriate manner.

Judgment: Compliant

Regulation 26: Risk management

There were appropriate Risk Management Policies in place which as set out in Schedule 5 of the Regulations and including a major incident response plan. The risk register was up to date and included the environmental and clinical risks that had been identified in the centre.

There were processes in place for the identification, recording, investigation and learning from serious incidents and adverse events. records showed that any learning was communicated to the relevant staff when appropriate.

Staff demonstrated a good awareness of health and safety issues relating to their roles.

Judgment: Compliant

Regulation 28: Fire precautions

The provider had taken adequate precautions against the risk of fire and had provided suitable fire fighting equipment which was tested regularly and maintained in line with the manufacturer's guidelines. records showed that clear procedures were in place for checking fire exits and emergency evacuation equipment, reviewing fire precautions and testing fire equipment.

All staff had attended fire safety training within the previous twelve months in line with the centre's fire safety policy. Fire drills were carried out regularly and all staff who spoke with the inspectors knew how to respond in the event of a fire and the need to evacuate residents.

The fire procedure was displayed at various points throughout the designated centre.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

Residents had access to pharmacy services in the centre. Medications were stored securely in the medication rooms on each unit. There were clear procedures in place for the return of out of date and unused medications.

The inspectors observed that medications were administered safely and in line with best practice guidance. All nursing staff attended medication training and had completed a medication administration competency assessment. Where medication errors did occur these were recorded and the learning from the incident was communicated to the relevant staff.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Each resident had a comprehensive assessment of their needs prior to their admission to the designated centre. Nursing staff prepared a care plan based on the assessment within 48 hours after the resident was admitted. Inspectors found that most care plans were reviewed every four months in line with the centre's own policies however audits showed that improvements were still required in this area to ensure that this standard was maintained on all units.

residents and where appropriate their families were invited to participate in developing the care plan and in subsequent reviews of the plan.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to medical services to meet their needs and to a range of specialist services such as physiotherapy, occupational therapy and dietician and speech and language therapy. referrals were made in a timely manner and where a specialist practitioner had prescribed a specific intervention this was recorded in the resident's records and implemented by staff.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Most staff had attended training in the management of responsive behaviours. Staff used appropriate skills and interventions when interacting with residents who were displaying responsive behaviours.

The centre was working towards a restraint free environment and there was minimal use of restraints such as bed rails and as required psychotropic medications in the centre.

Judgment: Compliant

Regulation 8: Protection

All staff had received training in relation to the detection, prevention of and how to respond to a concern or allegation of abuse. Residents said that they felt safe in the centre and that staff were kind and caring.

The person in charge investigated any incident or concern in line with appropriate safeguarding guidance. However inspectors found that improvements were required to ensure that these incidents were recorded in line with the centre's own policies and procedures and that a recent incident had not been notified to the relevant authorities within the required time frames.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Residents were able to exercise choice in their day to day lives in the centre. Staff ensured that resident's privacy and dignity were respected when carrying out care tasks. The activities programme provided opportunities for residents to take part in meaningful activities and entertainments. Radio, television and newspapers were available for residents and staff provided opportunities for discussions about local and national events as part of the resident's daily routines.

Regular resident meetings were held in the centre and where residents raised complaints or suggestions these were communicated to the relevant staff. There was evidence of changes being made in response to these suggestions in both the activities programme and in menu planning.

Although the designated centre did organise some trips out to places of interest residents said that they would like to have more opportunities to go out into the

local community for shopping and for accessing local amenities.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 4: Application for registration or renewal of registration	Compliant
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 26: Risk management	Compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Beneavin House OSV-0000694

Inspection ID: MON-0022361

Date of inspection: 13/11/2018 and 14/11/2018

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: Throughout 2018 Beneavin House has undertaken a comprehensive staff recruitment strategy which has provided the required numbers of staff directly employed by the center.</p> <p>Since the inspection, intensive staffing recruitment has continued, with a further 31 staff having completed their induction program. As a result agency staff are only required for unplanned leave or leave at short notice.</p> <p>National recruitment campaigns are ongoing and planned overseas campaigns undertaken with the latest completed in 15 & 16 January. We have a planned approach to retention that will be a key focus this coming year. The PIC and Home will be further supported by the recruitment of a HR Manager with a key focus on workforce planning.</p>	
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>Supervision continues to be provided by the CNMs and Team Leaders and supported by the ADONs and PIC. Supernumerary hours are allocated for these senior roles to ensure supervision is available, which now includes both CNMs and Team Leads being rostered for Night duty shifts. This is providing additional supervision, support and mentoring for staff on night duty. Guidance and instructions are provided to supervisors and staff across all floors to promote consistent practice, with regular meetings scheduled with the ADONs and PIC. Supervision of night duty staff will be monitored and reviewed regularly.</p>	

The PIC and Deputy Home Managers/ADONs continue to carry out night inspections across all units in the Home.	
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>A systems improvement review was undertaken of the Garda Vetting (GV) processes, including the compliance auditing checks. This included an audit of all personnel and an assurance that all current staff working in the home are fully compliant with GV. Recommendations from the review have been accepted with appropriate action plans in progress to ensure oversight and governance of the GV process is robust.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>As part of ongoing service improvements complaints management, policy and procedures, including record management, are reviewed and updated regularly. Consistent record management for complaints and concerns has also been brought to the attention and discussed with all senior staff in line with the policy and procedures. All complaint records have been reviewed and are recorded in line with the policy and procedure.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>The Home environment is being reviewed in how residents and families access and utilise areas across the home. Refurbishment of the activity room in Claremont is planned for the first quarter of 2019. Upgrading of this area will lead an increased usage by residents. The statement of purpose is up to date for current use of the facility and will be updated accordingly when any changes are made in relation to any works that are in discussion/design.</p>	

An evaluation of size of the sluice area (Cedars) has commenced and appropriate actions will be taken as required. An area has been identified for the appropriate storage of equipment and exploratory design discussions are underway. Once design is approved this work will be progressed and completed by May 2019.

Regulation 5: Individual assessment and care plan	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:

We continue to address care plan standards for consistency across all units by staff education, training, mentoring, supervision and feedback in relation to care planning. A Director of Care Services was appointed in January 2019 and will be supporting the team, with one of the agreed service improvement initiatives for 2019 being assessments and care plans. This quality improvement initiative has commenced with a scoping exercise of the assessment tools currently utilized, and then plans to provide a consistent suite of tools supported by agreed practice, audit and analysis.

Quarterly meetings with residents and families where all residents are invited to partake in the meeting along with their family, as appropriate, continues and this process is underway in all units.

Regulation 8: Protection	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:

The PIC and staff are knowledgeable of the safeguarding policy and reporting process, including HIQA notification and timeframes. Our internal policy, specific to recording and reporting, has been reviewed and the PIC and senior staff are adhering to the this. The incident noted at the inspection has been submitted to HIQA. The timing delay was in relation to the PIC awaiting information from NOK. Going forward, forms will be submitted the current known information and any additional information will be provided as and when it becomes available.

All incidents including safeguarding concerns/incidents are reported to, and will be monitored by, the newly appointed Director of Care Services to address any service improvements required; and also, to the Group Director of Operations for overall monitoring and adherence to policy, procedures and best practice.

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: Residents council meetings continue to take place every second month or more often if a need is identified. We are committed to responding to resident and family feedback, and hence social outings are already underway to reflect the current choices of the residents. We are planning a number of trips external to the Home to local amenities such as church services, shops and local attractions with the first outing planned for February 10th for 12 of our residents attending a celebration mass in Drumcondra. The SCL will seek feedback post each trip to assist us in planning for future external social activities.</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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	20/01/2019
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/07/2019
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of	Substantially Compliant	Yellow	31/03/2019

	purpose prepared under Regulation 3.			
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	31/05/2019
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	31/03/2019
Regulation 34(2)	The registered provider shall ensure that all complaints and the results of any investigations into the matters complained of and any actions taken on foot of a complaint are fully and properly recorded and that such records shall be in addition to and distinct from a resident's individual care plan.	Substantially Compliant	Yellow	31/12/2018
Regulation 5(4)	The person in charge shall formally review, at intervals not	Substantially Compliant	Yellow	30/06/2019

	exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/11/2018
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	30/04/2019