



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

## Issued by the Chief Inspector

Name of designated centre:	Millbury Nursing Home
Name of provider:	Rossclare Nursing Home Limited
Address of centre:	Commons Road, Navan, Meath
Type of inspection:	Announced
Date of inspection:	29 November 2023
Centre ID:	OSV-0000700
Fieldwork ID:	MON-0041805

## About the designated centre

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

Millbury nursing home is a purpose-built centre located in Navan Town, Co Meath. It provides full-time nursing care to 101 residents, male and female who require long-term and short-term care. Residents assessed as having dementia can be accommodated throughout the centre. There are 94 single en-suite bedrooms, 1 single room and 3 twin bedrooms with en-suite all located on the ground floor. Accommodation is provided in four separate areas, Boyne, Comeragh, Tara and Dunmore suite all accessed from the bright reception space. A variety of communal spaces are located overlooking three central outdoor courtyards and landscaped grounds. The centre has a reception seating space, oratory, 2 hairdressing salons and a sensory room for residents' use. A smoking area is in place for residents who smoke. Suitable household areas including laundry, dirty utility rooms, cleaning rooms and kitchens are in place.

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

Number of residents on the date of inspection:	100
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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 29 November 2023	09:00hrs to 18:10hrs	Aislinn Kenny	Lead
Wednesday 29 November 2023	09:00hrs to 18:10hrs	Manuela Cristea	Support

## What residents told us and what inspectors observed

From what inspectors observed and from what the residents told them, residents enjoyed living in Millbury Nursing Home and there was a good standard of care. The overall feedback was that the staff were very friendly and the centre was nice and comfortable. Inspectors spoke with many of the residents on the day of inspection and one resident said "the staff here are shockingly good". Other residents said "it's really lovely here" and "all is well, a happy home".

Interactions between staff and residents were observed to be courteous, familiar and friendly. Inspectors observed that staff respected the privacy and dignity of residents in their own spaces, they were seen knocking on bedroom doors prior to entering. Staff who spoke with inspectors were knowledgeable about the residents they cared for. They were familiar with the residents' preferred daily routines, care needs and the activities they enjoyed. Visitors to the centre were also complimentary of the staff and setting. One of the visitors spoken with on the day of inspection said "the place is heaven on earth" and all visitors spoken with on the day were familiar with the person in charge and staff team. Numerous visitors were seen coming and going throughout the day.

The reception area of the centre was inviting and spacious with a comfortable seating area for use by residents and visitors. All units in the centre were well decorated for Christmas and some residents' rooms were decorated also. Residents' bedrooms were personalised and observed to be clean and tidy. There were breakout spaces available throughout the centre and these were nicely decorated welcoming spaces for residents to sit and chat with visitors or with each other. Inspectors observed a sensory room and chapel that also provided calming and quiet spaces for residents to sit and reflect. Inspectors observed a group of residents in the chapel after dinner enjoying each others company. Throughout the day, residents were seen mobilising independently around the centre, relaxing in the communal seating areas or in their rooms, or taking part in various activities. There were group activities taking place in communal areas where residents were observed making Christmas decorations, listening to the rosary and engaging in chair exercises and playing a game of skittles led by activities staff. There were many pictures of residents enjoying events or activities around the centre and there was a picture wall of staff on display with their name and role detailed under each picture.

All rooms and communal spaces were located on the ground floor. The centre was divided into four suites Boyne, Comeragh, Tara and Dunmore. There were wide corridors throughout that allowed residents to mobilise freely around the centre and there was access to a large courtyard area in the middle of the centre. The centre was observed to be clean and bright, residents' rooms were personalised to their taste. Maintenance was required in parts of the centre and some areas were not being used in line with the centre's statement of purpose, specifically in respect of dining facilities arrangements and this will be discussed further under Regulation 17:

Premises. There were hand washing facilities available in various locations in each unit to support staff with hand hygiene, however they did not meet the required standards for clinical hand washing sinks.

Inspectors observed that residents were supported to enjoy a good quality life in the centre. The spiritual needs of the residents were met with Mass live streamed on the television every morning and the rosary was recited weekly also. The hairdresser visited twice a week and residents were seen having their hair done on the day of inspection. In Tara suite, there were guinea pigs which residents reported being very fond of and enjoying watching them throughout the day. Residents' health care needs were met with good access to physiotherapy service and a general practitioner (GP) that visited the centre twice a week.

Residents were offered a choice of drinks throughout the day and a snack trolley delivered snacks in the afternoon also. There were water jugs available in each resident's room also. Food menus were displayed on each table and there were also pictures of the food available to enable residents to exercise choice. Feedback from all residents was consistent that the food was 'great', 'really good' with some joking that the problem with the food was that it was 'too good'. The inspectors observed the mealtime experience and food service and found that there were some opportunities for further improvement to ensure all residents were supported to have a high quality dignified experience. Food serving arrangements took into consideration residents' different levels of needs, with residents that required assistance being served in one area or at a different time than the residents who were eating independently. The tables for the residents who did not require assistance were nicely set with cutlery, table cloths, condiments and sauce was available on the table for those who wished. However, the same choices did not extend to residents on modified diets, as inspectors observed that plates were pre-plated with sauce already added. While inspectors acknowledged that staff knew residents well and their likes and dislikes, the serving of food for residents that required assistance required review.

The next two sections of this report present the inspection findings in relation to the governance and management in the centre, and how governance and management affects the quality and safety of the service being delivered. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

## Capacity and capability

This was an announced inspection to monitor the ongoing compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended).

Overall, the inspectors found that the registered provider was striving to deliver a

high quality service and there were effective management systems in the centre to ensure that residents were provided with good quality care. The provider had a history of good regulatory compliance and the inspection found that this continued to be the case with some areas requiring improvement in respect of premises, governance and management, restrictive practices and mealtime service.

The registered provider is Rossclare Nursing Home Limited. The person in charge was supported in their role by an assistant director of nursing (ADON), five clinical nurse managers and a full complement of staff including nursing and care staff, activity coordinators, housekeeping, catering, administrative and maintenance staff. There were deputising arrangements in place for when the person in charge was absent and the provider representative provided support to the person in charge also. The management team had a visible presence in the centre, which meant they were known to residents, staff and visitors.

There were robust management systems in place to monitor the centre's quality and safety. There was an annual review completed for 2022 which included input from residents and documented good feedback mechanisms.

Comprehensive and ongoing audits took place in the centre, for example; falls analysis, food and hydration audit, end of life audit. There was evidence of good communication with residents through letters, surveys and regular residents meetings. There was sufficient staff in the centre on the day of inspection and inspectors saw that the delivery of care was relaxed and person-centred.

Notwithstanding the good management systems in place to monitor the service, further strengthening and oversight of systems and practices was required in some areas identified during the inspection which had not been picked up by the internal auditing systems. This is further detailed under Regulation 23: Governance and management. Inspectors reviewed staff training records and found there were adequate training arrangements in place for managers and staff. There was an ongoing schedule of training to ensure all staff were kept up-to-date and staff were appropriately supervised in their roles.

Incidents and reports as set out in Schedule 4 of the regulations were notified to the Chief Inspector of Social Services.

The centre had a comprehensive up-to-date complaints procedure in place. This was on display in the centre and was moved to more prominent areas of the centre on the day of inspection on the request of inspectors. There was a nominated complaints officer in the centre and they had received the appropriate training. There was evidence of resident access to advocacy services and posters for advocacy services were seen on display throughout the centre. There were no open complaints on the day of inspection. The inspectors viewed a sample of closed complaints and these were all found to have completed investigations and the procedure was followed as per the local policy.

The registered provider had policies for review available in the centre. These policies were up-to-date and reviewed on a regular basis when practices or guidance

changed.

### Regulation 16: Training and staff development

Staff had access to training appropriate to their role. Staff had completed training in areas such as fire safety, safe guarding vulnerable adults, the management of behaviours that are challenging, manual handling and hand hygiene. There was an ongoing schedule of training in place to ensure all staff had relevant and up-to-date training to enable them to perform their respective roles. Staff were appropriately supervised and supported to perform their respective roles and there were adequate supervision structures in place.

Judgment: Compliant

### Regulation 23: Governance and management

Management systems that were in place to ensure that the service provided was safe, appropriate, consistent and effectively monitored had not identified the following;

- The use of the premises was not in accordance with the statement of purpose, which impacted the fire safety in the centre, specifically the means of escape. At the end of a corridor in Comeragh unit the provider had created a space for the residents who required assistance with meals to have their dinners served. This space was not a registered dining facility and notwithstanding the provider's efforts to personalise the space and create a homelike atmosphere, it remained in essence a corridor. This corridor and the means of escape should remain unobstructed at all times to ensure fire safety.

In addition, inspectors observed a damaged fire door into a communal area and some fire doors where the intumescent strips were incomplete. Assurances were received before the end of inspection that they had been actioned and the door was ordered and scheduled for replacement.

Judgment: Substantially compliant

### Regulation 31: Notification of incidents

Incidents and reports as set out in schedule 4 of the regulations were notified to the Chief Inspector within the required time frames.

Judgment: Compliant

### Regulation 34: Complaints procedure

The complaints procedure was on display in a prominent position within the centre. The complaints procedure identified the person to deal with the complaints and outlined the complaints process, it also included a review process should the complainant be dissatisfied with the outcome of the complaints process.

Judgment: Compliant

### Regulation 4: Written policies and procedures

The registered provider had prepared in writing the policies and procedures as set out in Schedule 5 of the regulations. They were updated within 3 years or as necessary in line with updated guidance.

Judgment: Compliant

## Quality and safety

Overall, residents in Millbury Nursing Home were found to be supported to have a good quality of life, this was facilitated by friendly and knowledgeable staff. There were comprehensive person-centred care plans in place for each resident and appropriate social interaction. However, there were some gaps identified and areas for improvement which are discussed in more detail under the relevant Regulations relating to premises, managing behaviour that is challenging and food and nutrition.

Inspectors followed up on actions arising from a previous inspection relating to the premises and found that the required changes had been made. The sluicing sinks and wash hand basin installed in the Dunmore Suite were now made of stainless steel. The three twin rooms in the centre had adequate privacy screening installed

and a laundry room had a stainless steel sink in place with a double draining board.

The overall design and layout of the premises was homely and there was sufficient communal space available for residents to use. However, concerns were identified in respect of the use of premises, which was not in line with the registered statement of purpose.

During a walk around of the centre inspectors observed the end of a corridor in the Comeragh suite was being used as a dining facility for five residents. Inspectors were told this was being used based on the preference of the residents as the main dining areas were too noisy for them. Although the provider described that the decision to use this space was to meet residents' needs in a person-centred manner, the inspectors were not satisfied that this area was a space appropriate for dining. It was a corridor area at the end of one unit furnished with a table, chairs and privacy screens which were being set when in use. The area was located close to a fire exit and a door leading into an adjacent unit. Inspectors also found that an assisted toilet in the Tara suite was restricted for use by one resident as their room did not have an en-suite, this meant that there was one less assisted toilet on the corridor and some residents enjoying the communal space had to travel to their own rooms to use the toilet, thus impacting on their rights. This also meant the use of the bathroom was not in line with the statement of purpose that the centre was registered against.

There was an assisted toilet in the Comeragh Suite that when checked by inspectors on the day of inspection was locked on two occasions, inspectors were told the reason for this was based on a risk assessment for one resident to prevent them from using the bathroom alone. As the toilet was locked on occasions this also restricted access to other residents in that corridor.

Inspectors found evidence that residents' care plans were developed within 48 hours following admission to the centre to guide the care provided to residents. Care plans for residents at end-of-life stage were reviewed at regular intervals with family involvement demonstrated. Residents' preferences were documented including their spiritual beliefs. Advanced directives were discussed and in place with residents from admission and were reviewed every six months. There was evidence of palliative care involvement as needed. There was adequate family space available in the centre also. All residents had a care plan in place that detailed their communication needs and there was evidence of referrals for specialist communication requirements as needed.

While there was evidence that care plans for residents requiring behavioural supports were very person-centered and comprehensive and a low number of bed rails were in place, there were areas for improvement identified related to the use of bed rails and staff's understanding of their use. Inspectors found that staff's knowledge and understanding of restrictive practices needed to be further developed as further discussed under Regulation 7: Managing behaviour that is challenging.

The centre was not a pension-agent for any resident, all staff were trained in the

safeguarding of vulnerable adults from abuse. Staff demonstrated their knowledge of this, when asked, on the day of inspection also. Residents reported they felt safe in the centre and there were procedures in place to protect them from abuse. Inspectors found any concerns were reported and promptly and appropriately investigated.

Inspectors were assured that medication management systems were of a good standard and that residents were protected by safe medicine practices. There was evidence of good oversight of multi-drug resistant organisms (MDRO) and antibiotic stewardship. There was also good pharmacy oversight with regular medication reviews carried out.

There was a risk management policy in place in the centre and a safety statement which had been reviewed in November 2023. This policy met the requirement of the regulations. The registered provider had ensured there was a plan in place for responding to major incidents in their emergency plan.

Residents were complimentary of the food in the centre and overall feedback was that the food was very good with one resident commenting "the food is outstanding". Inspectors saw that food served on the day of inspection appeared wholesome and nutritious, there were choices of meals offered to residents on the written and pictorial menus displayed on tables and outside the dining room. There were a variety of drinks offered to residents to accompany their meal and tea or coffee was served to each resident after dessert and the atmosphere at dining was calm and relaxed. Notwithstanding this, some serving of the meals required review. Residents who did not require assistance were offered a choice of gravy or sauce and could help themselves. This did not extend to residents on a modified diet and their meals came with sauce applied for them without prior consultation.

Residents rights were largely upheld in the centre and residents were seen to enjoy the activities offered in the centre. The schedule for activities was displayed around the centre. Residents were consulted about life in the centre and this was evidenced through the residents meetings and feedback surveys. Advocacy services contact details were displayed throughout the centre and there was access to TV, radio, newspapers and internet in the centre. Resident's privacy was respected, however, inspectors found four bedrooms were in need of a foil tinted windows to protect the dignity and privacy of each resident as based on the proximity of the windows it was easy to see into each others rooms.

## Regulation 10: Communication difficulties

All residents had a care plan in place that detailed their identified communication needs. Staff were observed interacting well with residents and appeared to know their communication needs.

Judgment: Compliant

### Regulation 13: End of life

Each resident received end-of-life care based on their assessed needs, which maintained and enhanced their quality of life. Each resident continued to receive care which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs.

Judgment: Compliant

### Regulation 17: Premises

The registered provider did not ensure that the premises was appropriate to the number and needs of residents accommodated in the centre and in accordance with the statement of purpose prepared under Regulation 3.

Issues identified as requiring attention were:

- Use of a corridor in the Comeragh suite as a dining area for a group of residents was not appropriate or in line with the centre's registered statement of purpose
- An assisted toilet in the Tara suite was being restricted for access to one resident and was not available to other residents on that corridor; this was not in line with the centre's registered statement of purpose
- An assisted toilet in the Comeragh suite was locked on two occasions when inspectors checked to prevent one resident from using that particular toilet without assistance. This was not in line with the centre's registered statement of purpose

Some aspects of premises required review to ensure they conformed to the matters set out in Schedule 6

- There were fire doors that required repair and replacing in the centre. Inspectors were informed that a replacement had been ordered
- Some residents equipment such as tray tables needed replacing as they were rusted or damaged
- Adequate privacy arrangements were required in respect of four bedrooms in the new wing that were facing each other. Inspectors received assurances by the end of inspection that foil tint had been ordered for those windows.

Judgment: Substantially compliant

### Regulation 18: Food and nutrition

Notwithstanding the good quality of food provided, residents' mealtime experience and serving of food needed to be improved to ensure each residents' choices and dignity were supported and upheld.

- the serving of food for residents who required assistance in Comeragh unit was not appropriate
- residents on modified diet were served food with sauce already applied.

Judgment: Substantially compliant

### Regulation 26: Risk management

There was a comprehensive risk management policy and assessments in place which assessed all identified risks (potential and actual), and outlined the measures and actions in place to mitigate and control such risks. An up-to-date health and safety statement was also available.

Judgment: Compliant

### Regulation 29: Medicines and pharmaceutical services

There was an appropriate pharmacy service offered to residents and a safe system of medication administration in place. Policies were in place for the safe disposal of expired or no longer required medications.

Judgment: Compliant

### Regulation 5: Individual assessment and care plan

Inspectors reviewed a sample of residents' care records and saw that residents had a comprehensive assessment of their needs and their preferences for care and support, completed on admission to the designated centre. Care plans were person-

centred and were reviewed every four months or if the resident's needs changed, as per regulatory requirements.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

While staff were trained in responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) enhanced focus on staff understanding and practice oversight of restrictive practices within a human rights based approach was required.

For example, restricting access to facilities or premises as a means to managing one resident's behaviour was not appropriate as it had an adverse impact on all the other residents accommodated in that unit.

Records reviewed showed there was a lack of understanding in respect of bed rails being used as an enabler or as a restraint. In another example, the rationale for applying a bed rail to a bed-bound resident was that it had been requested by a family member, which was not appropriate. Where bed rails were in use, protective measures such as bed bumpers to prevent against the risk of entrapment or injury were not in place.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. Staff were aware of the signs of abuse and of the procedures for reporting concerns.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre and residents had access to advocacy services and opportunities to participate in activities.

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 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 10: Communication difficulties	Compliant
Regulation 13: End of life	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Millbury Nursing Home OSV-0000700

Inspection ID: MON-0041805

Date of inspection: 29/11/2023

## Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

## Section 1

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

### Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>The use of the space at the end of Comeragh suite as dining area has ceased from the day of inspection.</p> <p>The damaged door strip was changed immediately during inspection day.</p> <p>The dining room fire door is on order from 29/11/23 and expected to be delivered on 30/01/24 and will be in place on the same day of delivery.</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> <li>• The use of space at the end of Comeragh suite as dining area has ceased from the day of inspection.</li> <li>• Assisted toilet in Tara suite was made available for use by any residents from inspection day.</li> <li>• Assisted toilet in Comeragh suite was made available for use by any residents from the day of inspection.</li> <li>• Fire door strip that was incomplete has been replaced during inspection day.</li> <li>• Damaged fire door to the dining area is on order from 29/11/2023 and expected to be delivered on 30/01/24 and will be in place on the same day of delivery.</li> <li>• Tray tables are currently inspected and will be completed by 31/01/24 and any identified table(s) that needs to be replaced will be replaced by then.</li> <li>• Four bedroom windows in Dunmore suite are now tinted from 19/12/23.</li> </ul>	

Regulation 18: Food and nutrition	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 18: Food and nutrition:</p> <ul style="list-style-type: none"> <li>• The use of space at the end of Comeragh suite as dining area has ceased from the day of inspection.</li> </ul> <p>The choice of gravy or sauce has been extended to residents on modified diet and not applied on food provided readily from the day of inspection</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:</p> <ul style="list-style-type: none"> <li>• Assisted toilet in Tara and Comeragh suite have been made available for use by any residents from inspection day. This was also communicated to all staff during our handover during and following inspection.</li> <li>• Bedrail register was reviewed and 2x bedrail use maintained as restrictive practice. All rationale in care plans also reviewed and ensured they are in line with the Assisted Decision Making Capacity Act, more person centred focus and based on a risk assessment carried out in liaison with the GP / other healthcare professional as appropriate.</li> <li>• Bed bumpers are now in use since feedback on inspection day post risk assessment to prevent injury to resident with bedrail use.</li> <li>• Restrictive practice training scheduled for this month of January will emphasize on the difference between an enabler and restrictive practice, rationale and protective measures. Training will be complete by 18/01/24.</li> </ul>	

## 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).

<b>Regulation</b>	<b>Regulatory requirement</b>	<b>Judgment</b>	<b>Risk rating</b>	<b>Date to be complied with</b>
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 purpose prepared under Regulation 3.	Substantially Compliant	Yellow	08/01/2024
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	31/01/2024
Regulation 18(1)(b)	The person in charge shall ensure that each resident is offered choice at mealtimes.	Substantially Compliant	Yellow	08/01/2024

Regulation 18(1)(c)(i)	The person in charge shall ensure that each resident is provided with adequate quantities of food and drink which are properly and safely prepared, cooked and served.	Substantially Compliant	Yellow	08/01/2024
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	08/01/2024
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	18/01/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	08/01/2024

