



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

Issued by the Chief Inspector

Name of designated centre:	Fairlawns Nursing Home
Name of provider:	Fairlawns Nursing Home Limited
Address of centre:	Cavan Road, Bailieborough, Cavan
Type of inspection:	Unannounced
Date of inspection:	22 June 2021
Centre ID:	OSV-0000136
Fieldwork ID:	MON-0033251

About the designated centre

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

The designated centre provides 24- hour nursing care to 37 residents, male and female who require long-term and short-term care (assessment, rehabilitation convalescence and respite). The centre is a single story building. Communal facilities and residents' bedroom accommodation which consists of a mixture of single and twin bedrooms are laid out around an internal courtyard. The philosophy of care is to provide good quality individual care to residents requiring residential service.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	34
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How we inspect

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

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Tuesday 22 June 2021	09:30hrs to 18:00hrs	Naomi Lyng	Lead
Tuesday 22 June 2021	09:30hrs to 18:00hrs	Lorraine Wall	Support

What residents told us and what inspectors observed

This unannounced inspection took place over one day. Inspectors spoke with several of the residents living in the centre and spent periods of time observing staff and resident engagement in communal areas. The overall feedback from residents was that Fairlawns Nursing Home was a pleasant place to live and that they felt safe and well cared for by staff. Inspectors observed a pleasant, relaxed atmosphere throughout the day.

The centre was laid out over one level and residents had access to a secure internal courtyard garden. There was a variety of indoor communal space available for residents including two sitting rooms, a sun room, a dining room, visitor's room, hairdressing salon and oratory. These were observed to be comfortable, companionable spaces and residents were observed to be using them to partake in activities, read newspapers, watch television or chat with each other. Inspectors found that the centre was generally clean and in a good state of repair, with one corridor decorated with artwork from a local national school. However, some wall surfaces required repainting and the inspectors observed that residents' equipment and belongings were stored inappropriately in some places. This is discussed further under Regulation 17.

Residents reported that they were happy with the size of their bedrooms, and some residents were complimentary of the view from their windows. Inspectors observed that residents' bedrooms were personalised with photographs, artwork and ornaments and that residents had sufficient storage for their clothing and personal belongings. The provider had recently installed an additional shower facility to promote residents' dignity and to meet regulatory requirements. Three bedrooms had full en-suite shower facilities, while the 33 residents living in the other bedrooms had access to five communal shower rooms. Twin bedrooms were observed to have appropriate screening in place to ensure residents could undertake personal activities in private.

Residents told inspectors they were delighted to now have four visits a week, in line with the most recent Health Protection Surveillance Centre (HPSC) guidance. Inspectors observed a number of visits taking place on the day of inspection, and visitors were appropriately screened on entry to the centre by staff. Visitors who communicated with the inspectors raised no concerns or issues, and were generally complimentary about the services offered for their loved ones living in the centre.

An activity schedule from Monday to Friday was displayed in prominent locations in the centre, and inspectors found that a designated activity coordinator was available on these days from 10am-3pm. Some residents were observed to be supported to go for walks or receive visitors in the morning. Other residents were observed enjoying a manicure in the afternoon, and one resident was delighted to pick out her favourite colour nail polish. However, inspectors were not assured that all residents had access to meaningful activities in accordance with their interests as

there was no review or feedback sought from residents in relation to the activities offered. In addition, from a review of records available and communication with residents, it was clear that not all residents had opportunities to engage in activities on a daily basis. This is discussed further under Regulation 9.

Residents were observed to have good access to radios, televisions, telephones, newspapers, tablets and the internet. Inspectors observed staff chatting to residents about current affairs and local matters at a meal time, including a recent birthday that had been celebrated in the centre. However, inspectors were not assured that residents were consulted effectively about the organisation of the centre and the services delivered as a resident committee meeting had not taken place in the centre over the past year and no resident satisfaction surveys or audits had been carried out during this time. Inspectors also found that there was insufficient consultation with residents' families and loved ones. This was particularly important because approximately 50% of the residents living in the centre had a cognitive impairment and were not always able to verbalise their views or concerns. This is discussed further under Regulations 9 and 23.

Residents were complimentary of staff, and inspectors observed a number of positive interactions between staff and residents on the day of inspection. It was evident that staff were knowledgeable of residents' needs, and were observed to be respectful, kind and caring in their approach. However, inspectors found that at times care was task-orientated and there was limited supervision of residents in some communal areas.

Residents communicated with on the day reported that the choice and quality of food was good, including the snacks available between meals. Menus were displayed clearly in dining areas and staff assisted residents to make an informed choice. Lunch was served in the dining room, a smaller sitting room and some residents took their meals in their bedrooms. Staff informed inspectors that residents had their meals in designated socially distanced "pods" based on natural friendships and personal preferences of residents. Inspectors observed a pleasant atmosphere over lunch, with gentle music playing and residents chatting to each other as they enjoyed their meal. However, in both communal dining areas inspectors observed that some residents were required to wait until staff who were assisting other residents became available to help them with their meals. In addition, not all residents were observed to have an appropriate table available for their use at meal times.

The next two sections of this report will set out the findings of the inspection and discuss the levels of compliance found under each regulation.

Capacity and capability

The provider had made a number of improvements in line with their registration renewal commitments. However, further effort was still required to ensure that the

services provided were effectively monitored to ensure that they were consistently safe and appropriate for the residents.

Inspectors found that there were clear lines of authority and accountability set out in relation to governance and management arrangements in the centre.

While the provider and person in charge demonstrated responsiveness to the last inspection's findings and were keen to meet regulatory compliance, this inspection highlighted that improvements were still required in relation to medication management and fire safety in the centre.

Fairlawns Nursing Home Ltd is the registered provider, and has two company directors including the registered provider representative (RPR). The person in charge (PIC) had a strong presence in the centre and was well known to residents and staff. She facilitated the inspection process and was knowledgeable in the responsibilities of her position. The provider informed inspectors on the day of inspection that a clinical nurse manager was currently in recruitment to further support the PIC in her role, and to strengthen the management structure in place. There was deputising arrangements in place for the PIC.

There were sufficient resources in place to ensure the effective delivery of care in the centre. Staffing arrangements were found to be in accordance with the centre's statement of purpose, and there was an adequate number and skill mix available to meet residents' needs.

Regulation 15: Staffing

There was an adequate number and skill mix of staff available in the centre to meet residents' needs. This included at least one staff nurse working in the centre at all times.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors were not assured that all staff had access to appropriate training relevant to their roles. There was insufficient evidence available on the day of inspection that all staff had completed training in fire safety and safeguarding of vulnerable adults.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents did not contain all of the details outlined in schedule three of the regulation, including the resident's gender and full details of the resident's next of kin or any person authorised to act on their behalf.

Judgment: Substantially compliant

Regulation 23: Governance and management

Management systems in place in the centre were not sufficiently robust to ensure consistent and effective oversight of services. For example:

- the centre did not have a training matrix in place and there was a lack of effective and accessible oversight of completed staff training or training that required updating
- audits in place did not identify the areas of non-compliance found on inspection, particularly in relation to fire precautions and infection prevention control (IPC)

While an annual review and quality improvement plan was available for 2020, it did not show evidence of consultation with residents and their families.

Judgment: Substantially compliant

Regulation 34: Complaints procedure

A review of the complaints records found that complaints were promptly managed in line with the regulatory requirements. The outcome of all complaints was recorded, as was the complainant's level of satisfaction. The complaints policy and procedure was available and prominently displayed within the centre.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures outlined in schedule 5 of the regulations were available

for review and had all been updated within the last three years.

Judgment: Compliant

Quality and safety

Overall, residents received a good standard of care and services and a number of residents told inspectors that they felt safe and supported while living in the centre. Inspectors were assured that residents' medical and health care needs were being met. However, improvements were required to ensure that the services provided were consistently safe and appropriate for all residents' identified needs. These findings are discussed under the relevant regulations.

The provider had made some improvements to the premises since the previous inspection, including the installation of an additional shower room and sluice facility. In addition, the provider had installed an additional fire break in the attic to ensure that there was adequate fire stopping in place around the laundry room. However, further improvements were required to ensure that the premises was brought into compliance with the regulations.

Inspectors observed that residents received a comprehensive assessment of their health, personal and social care needs on admission to the centre. This included the use of validated screening and assessment tools, and evidence of input from appropriate allied health care professionals where necessary. While dementia support assessments were comprehensive and detailed, inspectors found that they did not inform residents' care plans, and care plans were not updated as required. This is discussed further under Regulation 5.

Residents were observed to have good access to health care services including occupational therapy, physiotherapy, speech and language therapy, dietetics, optometry, dentistry, mental health services, psychiatry of older age and tissue viability nursing. The residents' general practitioners (GPs) attended the centre for regular medical reviews, and residents had access to specialist geriatrician services where required.

While there was a relatively low use of restraint in the centre. However, improvements were required to ensure that the use of restraints was monitored and that practices were in line with national guidance and the centre's own policies and procedures.

Regulation 17: Premises

There was a lack of suitable storage in the centre. For example

- residents' equipment, including a plinth, were stored in one of the communal bathrooms.
- there was insufficient storage available in a shared en suite room for the residents' personal hygiene products.

There was insufficient grab rails available in a communal toilet as required by the regulation.

In addition, the inspectors found that a number of wall surfaces required repainting.

Judgment: Substantially compliant

Regulation 26: Risk management

The risk management policy and risk registers were available for review and complied with the legislative requirements.

Judgment: Compliant

Regulation 27: Infection control

Improvements were required to ensure that procedures consistent with the standards for the prevention and control of health care associated infections were implemented by staff. For example:

- staff were not consistently changing mop heads, cleaning cloths, or water for washing floors between resident's bedrooms which presented a significant risk of transmission of infection.
- The house keeping staff were not knowledgeable about the cleaning products they were using. For example staff were not sure about how to ensure that the correct strength of cleaning chemicals was used in their day to day work.
- Hoist slings were not labelled as cleaned and ready for re-use between each usage which created a risk of transmission.
- Personal protective gloves were not easily accessible on two corridors for staff usage

Judgment: Not compliant

Regulation 28: Fire precautions

The inspectors found that the provider did not have adequate precautions in place against the risk of fire:

- two fire doors in a kitchen/dining room area were secured in a manner which would not allow the doors to close automatically in the event of a fire
- The fire door between the laundry room and a bedroom corridor was a 30 minute door. The provider gave verbal assurances that a replacement 60 minute fire rated door had been ordered and was awaiting installation.

Inspectors were not assured that the provider had adequate systems in place for the maintenance of fire safety equipment. For example, the last records available for the testing and maintenance of emergency lighting in the centre was November 2019.

In addition the provider had not ensured that there were adequate arrangements in place for the safe evacuation of residents in the event of a fire:

- fire drills were not being completed at regular intervals and records showed that none had taken place between November 2019 and June 2021
- fire drills completed did not reflect realistic scenarios, including full compartmental evacuations with reduced night-time staffing. The person in charge (PIC) gave assurances following inspection that this had been followed up and completed with all relevant staff
- the fire zone chart displayed in the centre had not been updated to reflect changes in the premises.
- residents' personal emergency evacuation procedures (PEEPs) were not consistently updated to reflect changes in residents' needs, for example a change in the level of assistance the resident required to mobilise during an evacuation.

Judgment: Not compliant

Regulation 29: Medicines and pharmaceutical services

The inspector found that inconsistencies remained in how the prescriptions for medicines that required crushing were recorded and as a result some residents were being administered crushed medication which had not been signed off by the resident's general practitioner (GP). This was a repeat finding from the previous inspection in 2019.

This regulation was not inspected in full.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Care planning in the centre required improvement to ensure that there was an updated care plan in place for all residents' identified needs in order to appropriately inform staff practices. For example:

- inspectors found that there was no skin care management care plan in place for a resident receiving treatment for a wound
- a nutrition care plan had not been updated to reflect input from a dietician
- a mobility care plan and manual handling chart for one resident were found to contain conflicting information

In addition, there was limited evidence available that care plans were being prepared in consultation with residents, and where appropriate the resident's family, as required by the regulation.

Judgment: Substantially compliant

Regulation 6: Health care

Residents were observed to have good access to medical and allied health professional care, and were facilitated to continue under the care of their own general practitioner (GP) where possible.

Judgment: Compliant

Regulation 9: Residents' rights

From observations on the day of inspection, communication with staff and residents, and a review of relevant records, inspectors were not assured that all residents living in the centre were provided with opportunities to participate in regular activities in accordance with their interests and capacities. For example, the inspectors found that there was one activity coordinator made available for the centre Monday to Friday, and a significant amount of their time was spent facilitating visits on the day of inspection. While there was an activity programme in place, there was no evidence that this had been reviewed in consultation with residents. Activity records were insufficiently detailed and did not provide information on residents' level of participation, enjoyment or whether the resident had declined to take part.

Inspectors found that residents were not actively consulted about or participated in the organisation of the designated centre, as required by the regulation, and the last

residents' meeting in the centre was held over one year ago.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

From observation on the day of inspection and a review of a sample of residents' records, inspectors observed that improvements were required in the documented care of residents who presented with behaviours that challenge. For example:

- there was no restraint risk assessment or care plan in place for a resident who was observed to be using a lap belt. While staff gave assurances that this restraint was only applied when the resident was being transported in a specialist chair, this information was not available in the resident's manual handling chart
- a bed rail assessment did not identify less restrictive alternatives trialled
- there were no documented checks of the use of a bed rail at night

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Not compliant
Regulation 28: Fire precautions	Not compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 9: Residents' rights	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Fairlawns Nursing Home OSV-0000136

Inspection ID: MON-0033251

Date of inspection: 22/06/2021

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider's response:

Regulation Heading	Judgment
Regulation 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>A new training matrix has been developed to include dates of training for all staff. Certificates of training are to be kept in the staff files completed 13th August. Fire Training which was online due to covid 19 restrictions has now resumed in house. All staff which were due training in November will have training on September 7th in case restrictions are imposed during the winter months. All staff who require updated safeguarding training will have by September 15th. A timetable of training has been arranged for any staff who could not access in house training due to Covid restrictions being in place. (CPR 1st, 4th Oct)</p>	
Regulation 19: Directory of residents	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 19: Directory of residents:</p> <p>All residents now have the full addresses of Next of Kin documented and it is also documented if male or female.</p>	
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 more simplified training matrix has been developed which is clear and easy to follow, fire training for remaining staff which is due in November brought forward to 7th Sept. All staff have full access once again to online training, dates of training to be kept in training matrix and certificates/ proof of training to be kept in staff files. Active from 13/8/21 to be completed 30/9/21</p> <p>Staff continue to have formal handover in the morning and evening and items for handover are logged in the both the nurses diary and PIC diary to be relayed to staff. The PIC leads handover Monday to Friday in the mornings and important information is relayed to staff either at handover, by poster, or via small meetings in socially distanced pods (Nurses, Carers, Domestics, Activities). Minutes of meetings are recorded with outcomes and follow up meeting arranged.</p> <p>Audits for specific areas have been identified with Fire Audits being carried out by Maintenance and overseen by PIC. Infection Prevention and Control audits to be completed by staff nurses and over seen by PIC and Provider.</p> <p>While the annual review did not show evidence of consultation with residents and their families, this was an error by the PIC as letters were sent out to families in June 2020 and March 2021. Records were kept of consultation and updates given to families via telephone consultation . This has been amended in the Annual report. Completed 24/8/21</p>	
Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <p>A new storage area has been assigned for the plinth completed 18/8/21</p> <p>The twin ensuite shower room will have lockable storage cabinets fitted: measured and ordered 16/8/21 and await fitting.</p> <p>Grab rails were fitted to the areas highlighted in the report completed 1/7/21</p> <p>All communal bathrooms/ shower rooms have call bells</p> <p>Repainting of areas which was delayed due to covid restrictions at the beginning of 2021 are continuing by maintenance</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p>	

Cleaning procedures were reviewed immediately. A meeting with cleaning staff 25/6/21 was held and disposable cleaning cloths are now used in all areas, mops and water are changed between areas to reduce any risk of transmission. Cleaning products have also been reviewed and cleaning products have been simplified and staff have been trained and supervised to ensure they are competent in measuring and dilution rates. Completed 28/6/21. Records have also been completed on this for each staff member to show competency.

Spare hoist slings when laundered are stored in holdalls in a designated area, all residents who require slings continue to have their own designated sling.

Completed 24/6/21

Gloves that had been stored in residents room are now stored in easily accessible areas on all corridors to reduce any risk of transmission.

Regulation 28: Fire precautions	Not Compliant
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Outline how you are going to come into compliance with Regulation 28: Fire precautions: Fire door in kitchen has had a magnet system installed in line with the rest of the building which automatically close on the detection of fire. completed 24/6/21

The Fire door which was ordered at the time of inspection for the laundry has been fitted on 11/8/21

Testing and maintenance of emergency lighting carried out on 23/6/21 with further adjustments 24/8/21 work now completed 24/8/21.

Fire drills recommenced in June 21 drills scheduled and completed 24/6/21 and 25/6/21 for largest compartment and compartment with highest dependency respectively, with fire drills continuing every Friday at different times of day to ensure all staff participate with realistic scenarios. Residents are also invited to attend if they wish.

Residents personal emergency evacuation procedures have been updated to reflect the level of assistance required for an evacuation. Completed 24/6/21

Fire Zone chart displayed in the center has been updated to reflect changes in the premises since upgrades carried out completed 2/9/21

Regulation 29: Medicines and pharmaceutical services	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 29: Medicines and pharmaceutical services:

An urgent review by the General Practitioner was carried out and a new prescription chart commenced 23/6/21 in line with best practice and NMBI guidance. Completed 23/6/21. Further reviews on a monthly basis are now carried out by the PIC to ensure

best practice continues. Crushed medications are not permitted unless ordered by a General Practitioner and agreed with the pharmacist.

Regulation 5: Individual assessment and care plan

Substantially Compliant

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

Following a meeting with the staff nurses care plans have been allocated to each nurse and Auditing will be carried out by a senior nurse and A further review and spot checks carried out by the PIC. All staff will update assessments and they will be reflected in the care plans. Care plans will be updated and reviewed with the resident or the resident's representative either in person (restriction allowing) or over the phone.

A further nurse meeting scheduled 2nd and 3rd September to assess progress and feedback.

Audits will be carried out by the PIC to ensure that care plans are kept up to date and reflect residents' needs and wishes and family involvement. To be completed 30/9/2021

Regulation 9: Residents' rights

Substantially Compliant

Outline how you are going to come into compliance with Regulation 9: Residents' rights: The activities coordinator ceased visiting duties to concentrate on Person centered meaningful activities on 24/6/21.

Activities are available to all residents every day and at the weekends the staff at weekend's document in a separate activities folder. Activities are currently being offered in both sitting rooms in the morning and in the afternoon to reflect resident's needs and preferences.

Activity records are now reflecting how the activity goes those who participate and feed back sought actively from residents.

The activities timetable is currently under review as a Questionnaire is in the process of being completed by residents to see how activities can be improved. To be completed 30/9/21.

Regulation 7: Managing behaviour that

Substantially Compliant

is challenging	
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>The use of restraint is heavily discouraged in the center. Staff are reminded that while lap belts are required to be in position for transporting they are to be removed when residents are stationary. This will be audited by the Senior staff nurse and PIC in the form of spot checks being carried out.</p> <p>Manual handling charts will also be updated to reflect the need for a lap belt for transportation only.</p> <p>Any resident who requires a bedrail only has one after all other alternatives have been considered and after consultation with the resident, family and the General practitioner.</p> <p>All residents are checked every 30mins at night however a resident with bed rails will have it documented in their care plan and their manual handling assessment will have the use of bedrails at night documented. To be completed 30/9/21</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.	Not Compliant	Orange	04/10/2021
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	30/09/2021
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	23/06/2021
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate,	Substantially Compliant	Yellow	30/09/2021

	consistent and effectively monitored.			
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Not Compliant	Orange	30/09/2021
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant	Orange	28/06/2021
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	11/08/2021
Regulation 28(1)(c)(i)	The registered provider shall make adequate arrangements for maintaining of all fire equipment, means of escape, building fabric and building services.	Substantially Compliant	Yellow	24/08/2021

Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	07/09/2021
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	07/09/2021
Regulation 28(2)(iv)	The registered provider shall make adequate arrangements for	Substantially Compliant		07/09/2021

	evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.			
Regulation 28(3)	The person in charge shall ensure that the procedures to be followed in the event of fire are displayed in a prominent place in the designated centre.	Substantially Compliant		02/09/2021
Regulation 29(5)	The person in charge shall ensure that all medicinal products are administered in accordance with the directions of the prescriber of the resident concerned and in accordance with any advice provided by that resident's pharmacist regarding the appropriate use of the product.	Substantially Compliant		23/06/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	30/09/2021
Regulation 5(4)	The person in charge shall	Substantially Compliant	Yellow	30/09/2021

	formally review, at intervals not 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 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	30/09/2021
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	30/09/2021
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in	Substantially Compliant	Yellow	30/09/2021

	activities in accordance with their interests and capacities.			
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.	Not Compliant	Orange	30/09/2021