



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

## Issued by the Chief Inspector

Name of designated centre:	Kerlogue Nursing Home
Name of provider:	Candela Healthcare Limited
Address of centre:	Kerlogue, Wexford
Type of inspection:	Unannounced
Date of inspection:	27 September 2022
Centre ID:	OSV-0000240
Fieldwork ID:	MON-0037156

## About the designated centre

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

Kerlogue Nursing Home is a purpose-built two-storey building that first opened in 2002. It can accommodate 89 residents and all bedrooms are ensuite consisting of 66 single, 10 twin and one triple bedroom. The provider is a limited company called Candela Healthcare Ltd. The centre is situated on the outskirts of Wexford town. The centre offers nursing care for low, medium, high and maximum dependency residents by assessing the individual using the Barthel Index 2 assessment tool. The type of care and support that is provided is for both female and male adult residents including: younger acquired brain injury, palliative care, rehabilitation e.g. post-operative and post stroke. The centre has access to in-house physiotherapist. The centre also cares for residents with conditions associated with advancing age. Residents' medical care is directed by their own General Practitioner (GP) and the centre works closely with the Gerontology department in the day unit of Wexford General Hospital. The centre aims to provide a quality of life for residents that is appropriate, stimulating and meaningful. The centre currently employs approximately 120 staff and there is 24-hour care and support provided by registered nursing and health care assistant staff with the support of housekeeping, catering, administration, laundry and maintenance staff.

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

Number of residents on the date of inspection:	88
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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 27 September 2022	10:10hrs to 17:00hrs	Catherine Furey	Lead
Wednesday 28 September 2022	09:10hrs to 16:00hrs	Catherine Furey	Lead

## What residents told us and what inspectors observed

Throughout the two days of this unannounced inspection, the inspector spoke to many residents about their experiences of living in Kerlogue Nursing Home. Residents were forthcoming with their opinions of the service they received and reported feeling happy, safe and content. A resident stated "They know me here, and they help me with everything". Visitors to whom the inspector spoke were grateful and appreciative of the care that their loved ones received. One visitor said "I know my mother is in safe hands". From listening to these comments from residents and visitors, and observing staff and resident interactions, it was clear that this was a centre where residents were well-respected and well cared for by a team of dedicated and compassionate staff. The atmosphere in the centre was warm and inviting and the overall feeling was that this was a happy home.

The inspector noted that appropriate infection control measures were in place prior to accessing the centre. The main porch area contained a sign-in book, a hands-free thermometer, and alcohol-based hand sanitiser. The procedures to follow before entering were clearly displayed for the inspector and visitors. On entering the premises, staff greeted the inspector and a brief meeting was held with the person in charge. A tour of the premises was then completed with the person in charge and the general manager. The centre was cleaned to a high standard. There was adequate lighting throughout and appropriate assistive handrails. The inspector noted that many corridor areas and a small number of bedrooms were carpeted, and this had become worn and stained over time. This detracted from the overall decor which was tasteful and stylish. The centre was laid out over two floors with stairs and elevator access. There was a safety gate at the top and bottom of the stairs which was operated by a coded keypad. This was mainly used by staff, as residents could independently access the elevators. The centre is separated into four distinct wings; Coolballow which accommodates lower dependency residents, Johnstown which has a mixed dependency, and Ronan's and Roxborough which generally cater for a higher dependency level. The inspector saw that residents were up and about in each wing, freely mobilising where possible, and being assisted where required. Some residents were having a late breakfast in their rooms or in the dining rooms and others were getting ready to go out for the day, and to go to the morning game of Bingo. The centre was bustling with activity, however staff maintained an unhurried atmosphere.

Residents had access to four secure courtyard gardens from various areas of the centre. Each area was well-maintained and there was an array of seating for residents to enjoy time outdoors. Residents were encouraged to maintain planter boxes with seasonal flowers and had also helped to paint a large and colourful mural on the wall of the Coolbarrow unit. On the days of inspection the weather was poor, however residents were seen outside in the grounds during dry spells. There was a range of sitting rooms on each floor, where residents gathered for activities, music, to watch television, or just to spend quiet time. Dining rooms were spacious and comfortable. Tables were laid with nice cutlery, crockery and placemats and

condiments were set out for each meal. There was space for residents to sit comfortably for meals, and there was staff available to offer discreet assistance where provided. There was high praise for the chefs from all residents who spoke with the inspector, with one residents giving the food "ten out of ten" Residents told the inspector that they were happy with their bedrooms and ensuite facilities. Bedrooms varied in size but there was sufficient storage space for all residents to store personal items, and some residents had transformed their bedrooms with furniture and artwork from home, keepsakes, soft furnishings and family photographs. Each room appeared individual to the resident. The inspector noted that a number of high-support chairs and some falls-reduction mats at bedsides were worn and torn, in contrast to some of the newer and more well-kept items of furniture. This is discussed further in the report.

Residents were seen to take enjoyment from the activities on offer during the two days of inspection which included Bingo, quizzes, and music. Two dedicated activity coordinators and a music therapist maintained a schedule of interesting and therapeutic activities across all four units of the centre. The inspector met residents walking to the main sitting room for Bingo; they were in cheerful mood, chatting and laughing with staff. Staff told the inspector they really tried to keep residents spirits up, but they understood that some days residents might want a quieter day. It was evident that the staff knew the residents well, and treated them as individuals. The activity staff organised trips out to local areas, ensuring links were maintained with the wider community and that residents could enjoy activities outside of the centre. One resident described how staff organised a group of residents to attend Our Lady's Island pilgrimage, which she said was a day of prayer, and also of fun, with staff and other residents. Each resident who spoke with the inspector had praise for the activities on offer. Residents said they really enjoyed the activities, and if they didn't want to attend, there was no pressure from staff to do so. Additionally, activities for residents with cognitive impairment and dementia, and one-to-one therapies including music therapy, were also part of the weekly schedule. It was clear that the staff in the centre worked hard to ensure that the residents maintained a social life which was enjoyable and fulfilling.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

This was a two-day, unannounced risk inspection to monitor the registered provider's compliance with the regulations and standards. The centre has a good regulatory compliance history. This inspection found similar good levels of compliance, and a strong management and leadership team. The inspector also identified some areas requiring minor improvements, including care planning, risk assessment, infection control and fire precautions. These are discussed under the

relevant regulations in the quality and safety section of the report. Overall, the management team were responsive to issues that arose during the inspection and made efforts to rectify these issues immediately.

Candela Healthcare Limited is the registered provider of Kerlogue Nursing Home. There are two company directors, one of whom is engaged in the operational management of the centre and attends the weekly governance and management meetings. The governance and management personnel within the centre has changed since the previous inspection in March 2021. The previous assistant director of nursing had moved into the director of nursing post in August 2022 and an existing clinical nurse manager had taken on the post of assistant director of nursing. Both staff members knew the centre well, and engaged in a period of induction prior to moving into the new roles. Further support was provided by two clinical nurse managers, who worked in a fully supernumerary capacity, to oversee the different areas of the centre. They also provided additional management support at weekends. The nursing management team had oversight of the work of a staff team of nurses, health care assistants, activity staff, catering and domestic staff.

The inspector followed up on one piece of unsolicited information of concern which had been notified to the Chief Inspector which raised concerns about care of residents, poor staffing levels and poor quality of food served to the residents. There had been engagement with the provider at the time of receiving the concern, and assurances had been provided that all residents were safe and provided with a high level of care. The inspector verified the assurances received during the course of the inspection by examining records and talking to staff and residents. The inspector did not find evidence to support the concerns raised.

On the day of the inspection, staffing levels were appropriate for the size and layout of the centre and to meet the needs of the 88 residents being accommodated at the time. There was evidence that staffing levels were reviewed to ensure that they met the needs of residents. For example, some residents in the Coolballow wing identified that they would like additional social activity in the evening. In response to this need, the music therapist's working times were changed to facilitate them to provide music therapy later into the evening. On the day of inspection, the inspector noted that staff had sufficient time to provide meaningful care and activities to residents.

There were good management systems in place to monitor the quality and safety of the service. A schedule of clinical and environmental audits evaluated key areas such as infection control procedures, residents' documentation and medication management. The quality of care was monitored through the collection of weekly data, such as monitoring the use of antibiotics and psychotropic medications and the incidence of wounds and falls. Analysis of the information gathered through these systems was used to inform the development of quality improvement plans. Audits and improvement plans were discussed at the quality and safety committee meetings and at wider staff meetings across all departments, which were held regularly. Minutes of these meetings evidenced a sharing of information, including updates in relation to residents' needs, audits and relevant COVID-19 updates. Staff

were given opportunities to feed back on the service.

The overall provision of training in the centre was good, with staff being up to date with relevant training modules, such as safeguarding of vulnerable persons, fire safety and infection control. Additional training courses were provided specific to a staff member's role, for example, activity coordinators had training in the delivery of dementia-specific therapies and age appropriate activities, and nurses had additional training specific to the management of percutaneous gastrostomy (PEG) tubes and venepuncture. Staff were seen to be well-supervised in their roles and were confident to carry out their assigned duties with a person-centred approach. A staff induction programme was in place with regular reviews to monitor the staff performance and identify additional training needs. Staff files showed that Garda (police) vetting disclosures were in place for all staff prior to commencing employment.

The centre had a complaints policy and procedure which was on display in the main reception area. There was a low level of resident complaints and the person in charge explained that there was daily communication with residents regarding their choices, requests and opinions, and these were taken on board before ever reaching the level of complaint. This echoed what residents told the inspector on the day.

#### Regulation 14: Persons in charge

The person in charge had commenced the post in August 2022. She had the required qualifications and experience to fulfil the regulatory requirements of the role. She worked full-time in the centre and had good knowledge of the residents individual needs.

Judgment: Compliant

#### Regulation 15: Staffing

Based on the size and layout of the centre, and having regard for the assessed needs of the residents, assurances were provided that there was a sufficient level of staffing with an appropriate skill-mix across all departments.

Judgment: Compliant

#### Regulation 16: Training and staff development

The majority of staff had completed both fire training and safeguarding training as



required under the regulations. In addition, training for the remaining new staff was planned for 3 and 10 October 2022.

Judgment: Compliant

### Regulation 21: Records

The inspector reviewed a sample of four staff files. All information required under Schedule 2 of the regulations was included therein.

Judgment: Compliant

### Regulation 23: Governance and management

There was a clearly defined management structure in place. Members of the management team were aware of their lines of authority and accountability and demonstrated a clear understanding of their individual roles and responsibilities. There were strong communication systems in the centre, ensuring good oversight of all areas. An established system was in place for the overall monitoring of clinical and social care delivery and clinical and environmental risks.

Judgment: Compliant

### Regulation 24: Contract for the provision of services

A review of a sample of contracts of care indicated that each residents' contract detailed the services and facilities available in the centre and outlined the fees to be charged, including fees for additional services.

Judgment: Compliant

### Regulation 31: Notification of incidents

Incident and accident records confirmed that all incidents had been reported to the Chief Inspector as required under the regulations, within the required time periods.

Judgment: Compliant

### Regulation 34: Complaints procedure

A log of complaints was maintained in the centre. A review of this record evidenced that there was good details of complaints and investigations undertaken. A record of the complainants' level of satisfaction was included.

Judgment: Compliant

### Quality and safety

The inspector found that the centre operated with a person-centred ethos of care. The individual human rights of the residents were supported and there was good access to health and social care services, ensuring the quality and safety of care delivered to residents was of a high level. The inspector found that residents were well-respected by management and staff and encouraged to give feedback on the services they receive.

The centre was cleaned to a high standard, with good routines and schedules for cleaning and decontamination. The management team were afforded protected time to complete infection control audits, including observational audits and audits of hand hygiene. Staff were seen to use personal protective equipment (PPE) such as face masks appropriately. The registered provider was implementing procedures in line with best practice for infection control. Clinically-compliant hand washing sinks were in the process of being installed at strategic locations throughout the centre to support efficient hand hygiene. Housekeeping staff were competent with the correct cleaning procedures, and provided with appropriate equipment, to maintain a safe environment for residents and staff. Some wear and tear of furnishings was noted in the centre, which detracted from the overall decor, and also posed infection control risks. This is discussed further under regulation 27: Infection control.

Systems were in place to monitor fire safety procedures in the centre. There was a weekly sounding of the fire alarm and daily checks of escape routes. Simulated fire evacuations were conducted in various fire compartments, including the largest compartment within the centre at regular intervals. Preventative maintenance of fire safety equipment including fire extinguishers and the fire alarm was conducted at regular recommended intervals, however the emergency lighting had not been serviced at these recommended intervals. This could pose a risk if the lighting failed during an emergency.

Residents received a high level of nursing and medical care in the centre. There was good systems for referral to, and review by, a range of social and health care

practitioners. Resident's records were viewed by the inspector, and it was evident that there was a comprehensive system of care planning in the centre. Each resident had a detailed, individualised care plan in place on their admission to the centre. Comprehensive pre-admission assessments were carried out to determine if the centre could meet the needs of the residents. The details provided in the care plans evidenced that staff knew the residents well. There was ongoing consultation with residents, and their representatives, in relation to the residents' individual care plans. Nevertheless, some improvements were required in relation to the care planning for residents with wounds, to ensure that the most relevant and up-to-date instructions from medical professionals was followed. This is discussed under regulation 5: Individual assessment and care plan.

The person in charge identified that a small number of residents presented with behaviours that challenge, as a result of their diagnosis of dementia. The inspector saw that all staff were trained in how to appropriately respond to, and manage these behaviours. There was good documented evidence in the residents care plans which detailed the antecedents to the behaviours, and what interventions worked well to minimise these behaviours. There was evidence that medications were only used as a last resort to treat the behaviour. There was a relatively low use of bedrails in the centre, with 9 residents being recorded in the restraint register as using bedrails. There were alternatives to bedrails such as sensor beams, and alarm mats in use. There was a checking system in place when restraints were in use. Improvements were required to ensure that the assessment process for the use of restraint was in line with national policy, as outlined under regulation 7: Managing behaviour that is challenging.

Residents were served a selection of food and drinks that were appetising and nutritious. Food was served directly from the kitchen to the main dining room, and via hot boxes to the dining rooms which were further away from the main kitchen. Additionally, there was small kitchenettes on each unit, where hot drinks and snacks could be availed of quickly. On the first day of inspection, there was an afternoon tea for residents, with an array of sandwiches and baking, and there were similar options provided for residents who required specialised diets, for example, modified scones with cream and jam. Diabetic options were also on the menu, so all residents could enjoy the occasion.

Activity staff members maintained records of residents level of engagement with different activities, and frequently adjusted schedules to suit the needs and interests of the residents. Residents' rights were protected and promoted in the centre. Choices and preferences were seen to be respected. Residents' meetings were held every two weeks, and these were seen to be well-attended. Residents were invited to give feedback on the centre, and the services they received. Minutes of these meetings were documented, with action plans assigned and followed up on. For example, when a resident spoke about clothes being slow to come back from the laundry, this was followed up with staff, and procedures streamlined to ensure prompt return of clothing. Residents and relatives completed regular satisfaction surveys and the information gathered was collated and analysed, and used to drive quality improvement in the centre.

## Regulation 11: Visits

The centre had unrestricted visiting and visitors were observed in the centre throughout the day.

Judgment: Compliant

## Regulation 17: Premises

The design and layout of the centre was suitable for the number and needs of the residents accommodated within.

Judgment: Compliant

## Regulation 18: Food and nutrition

Residents had access to adequate quantities of food and drink, including a safe supply of drinking water. A varied menu was available daily providing a range of choices to all residents including those on a modified diet. Residents were monitored for weight loss and were provided with access to dietetic services when required. There were sufficient numbers of staff to assist residents at mealtimes.

Judgment: Compliant

## Regulation 27: Infection control

The centre was very clean on the day of inspection, however, a number of areas for improvement were required in order to ensure the centre was compliant with procedures consistent with the National Standards for Infection prevention and control in community services (2018). For example all of the following could lead to cross contamination:

- The carpet in many areas was very worn with some old staining
- While new racking had been put in place in the sluice rooms, it did not allow for the equipment to be inverted while drying and did not contain a drip tray
- There were breaks in the integrity of a number of support chairs and falls reduction mats being used by residents
- There was general wear and tear of items of furniture including worn veneer

on surfaces of drawers and wardrobes
Judgment: Substantially compliant
<b>Regulation 28: Fire precautions</b>
The emergency lighting system in the centre, while checked by maintenance weekly, was not subject to regular servicing. Records showed that it was serviced annually, having last been completed in March 2023. This is less than the recommended servicing schedule.
Judgment: Substantially compliant
<b>Regulation 5: Individual assessment and care plan</b>
Some improvement was required in the care planning for residents with wounds. For example, one resident with a serious wound had no detail regarding this wound in their care plan. Additionally, the wound care chart contained old information and instructions, and had not been updated with the current recommendations following review by a specialist nurse. This made it difficult to clearly identify the correct, current plan of care in place.
Judgment: Substantially compliant
<b>Regulation 6: Health care</b>
Residents had good access to their General Practitioner (GP) and the additional expertise of a team of health and social care professionals, including mental health services, specialist wound care nurses and dietetics. A review of residents' records found that treatment plans by GP's and health and social care professionals were incorporated into residents' care plans, which were seen to improve resident outcomes. For example, the advice and expertise of community mental health professionals was implemented, and resulted in a decrease in a resident's responsive behaviours.
Judgment: Compliant
<b>Regulation 7: Managing behaviour that is challenging</b>

The systems in place for the assessment of bedrail use required review to ensure that the process aligned with the national policy as published by the Department of Health. There was disparity in the quality of some assessments. For example;

- Some residents assessments included evidence of a multidisciplinary approach, and others did not
- Some assessments clearly outlined the evidence of alternatives to restraint that had been trialled, and others did not

Additionally, bedrails as a form of restraint were not subject to regular reassessment, rather a once only assessment was completed.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to protect residents from abuse including staff training and an up to date policy. The person in charge ensured that any allegation of abuse was investigated.

Judgment: Compliant

### Regulation 9: Residents' rights

Residents' rights were upheld in the centre. The inspector saw that residents' privacy and dignity was respected. Residents told the inspector that they were well looked after and that they had a choice about how they spent their day.

There were facilities in place for recreational activities, and residents were observed participating in individual and group activities. Residents were consulted with about the running of the centre, as evidenced by residents' meeting minutes and confirmed by residents to whom the inspector spoke. An independent advocacy group was available to residents and this information was signposted throughout the centre for residents' and families information.

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 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Kerlogue Nursing Home OSV-0000240

Inspection ID: MON-0037156

Date of inspection: 28/09/2022

## 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 27: Infection control	Substantially Compliant
Outline how you are going to come into compliance with Regulation 27: Infection control: Falls reduction mats have all been replaced since inspection. Audit of equipment to ensure integrity checked. 07/10/22. Sluice trip tray has been installed since inspection.13/10/22. New Coverings for chairs has been ordered and will all be completed 09/12/22. Carpets are cleaned regularly but we are aware that for aesthetics they require upgrading. Unfortunately, due to financial demands with the energy and recruitment crisis 2022 and early 2023 it is not within the company budget. As soon as it allows it will be addressed for all corridors. Bedroom carpets for which there are 4 will be replaced as residents vacate bedrooms.	
Regulation 28: Fire precautions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 28: Fire precautions: Our service provider of our fire panels has included the emergency lights quarterly inspections in his reviews. Contract insitu for same.	
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:

Wound careplan and assessments were completed prior to the inspection. Any Grade 2 or above wound will have a care plan opened detailing management of wound as prescribed by TVN. They will be reviewed quarterly or prior if clinical changes apply.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:

RGN'S will include quarterly review and assessments of bedrails within the careplanning process for any residents that meet the criteria for falls prevention.

## 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 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	09/12/2022
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	12/10/2022
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph	Substantially Compliant	Yellow	31/10/2022

	(3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.			
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	30/10/2022