



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

Issued by the Chief Inspector

Name of designated centre:	Glenaulin Nursing Home
Name of provider:	Glenaulin Nursing Home Limited
Address of centre:	Lucan Road, Chapelizod, Dublin 20
Type of inspection:	Unannounced
Date of inspection:	18 August 2022
Centre ID:	OSV-0000041
Fieldwork ID:	MON-0036668

About the designated centre

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

Glenaulin Nursing Home provides care and services for people over the age of 18 years with varying conditions, abilities and disabilities who require; long term care, respite and convalescent care. This includes individuals who are living with dementia and cognitive impairment, individuals with physical, neurological and sensory impairments, individuals with mental health needs and individuals who need end of life care. The designated centre is based in a period residence built in 1903. The centre can accommodate for 84 residents with 38 single rooms, 16 twin rooms and four multi-occupancy rooms. Communal areas consist of spacious dining and lounge areas, a visitors room, a relaxation room, a sun room and an oratory. The house is surrounded by landscaped gardens which overlook the River Liffey.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	84
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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
Thursday 18 August 2022	08:15hrs to 18:00hrs	Margo O'Neill	Lead
Thursday 18 August 2022	08:15hrs to 18:00hrs	Niamh Moore	Support

What residents told us and what inspectors observed

Inspectors spoke with residents over the course of the inspection, to elicit their experiences of life in Glenaulin Nursing Home. Overall, residents expressed satisfaction with the service provided to them and inspectors observed that there was a relaxed and calm atmosphere in the centre. Residents received a good standard of care and were well supported by staff, however management systems required strengthening to ensure effective oversight of all areas of the service, such as the premises, care planning and residents rights.

On arrival at the centre inspectors were asked to sign in; inspectors adhered to infection prevention and control measures such as hand hygiene and the wearing of face masks while in the centre. Inspectors were told that visitors were communicated with electronically and asked not to attend the designated centre if they displayed any symptoms of COVID-19 or of any other infection. However visitors were not asked this on arrival to the designated centre.

Inspectors conducted a short introductory meeting with the person in charge and assistant director of nursing and requested documentation to inform the inspection.

Glenaulin Nursing Home is located in Chapelizod and is comprised of a period house and a modern purpose build building. The centre is set out over three floors with communal spaces such as day rooms and dining spaces on both the lower ground and ground floors. Stairs and an elevator facilitate movement between these floors. The centre contains 38 single occupancy bedrooms, 16 double occupancy, two triple and two four-bedded bedrooms; bedroom accommodation is set over all three floors.

Many of the single bedrooms and some of the multi-occupancy rooms had ensuite facilities for privacy, while residents in other bedrooms shared communal bathrooms located close to their bedrooms. Inspectors viewed a number of resident bedrooms and saw that the single occupancy rooms were homely spaces, personalised with photographs, pictures from resident's homes, ornaments and items such as plants and colouring books to reflect their life, and their hobbies and interests. Residents who engaged with inspectors were happy with their bedrooms and the facilities available, with one resident commenting that they particularly enjoyed the view of the river outside their bedroom window. Inspectors observed however that residents in some multi-occupancy bedrooms were not afforded sufficient personal space within which to conduct their personal care activities. Inspectors noted that the layout and configuration of some of the multi-occupancy bedrooms did not facilitate privacy and autonomy for residents. This is discussed within this report.

During a tour of the premises, inspectors observed that there were several dining and lounge rooms as well as a visitor and an activity room. These were all pleasantly decorated and contained comfortable and appropriate furniture for residents to use. There was a peaceful prayer room located centrally in the centre. This room was

calm and pleasant and contained religious icons.

A large landscaped garden was located to the rear of the centre; this contained paved pathways to enable residents safe access. This space had seating areas situated along the banks of the river Liffey so that residents could sit, relax and enjoy the views and scenery. There were also three other external areas for residents to use, a gazebo which had recently been erected, a visiting deck area, as well as an enclosed courtyard area, all contained appropriate seating areas. Colourful hanging baskets of flowers hung outside and inspectors observed that ivy covered the ground floor exterior of the original period building. Inspectors observed that these areas were maintained to a good standard.

During the inspection, inspectors observed many positive engagements between staff and residents. For example; residents were observed chatting and laughing with staff members. Residents were seen to be at ease in the presence of staff. Residents who spoke to inspectors were complimentary of the staff reporting they 'were very good'. Two residents reported however that they felt that more staff were required at night as at times they had had to wait for assistance for a prolonged time.

All residents reported to inspectors they would have no concerns speaking to any staff member if they had any issues of concern but particularly the person in charge who was observed to be well known to all the residents in the centre.

There was a dedicated activity team within the designated centre with approximately nine part time activity staff members. There was a varied activity schedule which included bingo, arts and crafts, Elvis tribute acts, tea parties and movies. During the day, residents were seen to enjoy chatting, singing and balloon hitting games with staff. Resident outings had also recommenced and the centre's mini-van was used to facilitate this; inspectors were informed that recent trips to discos, tea parties, shopping in a local shopping centre and to attend a dementia inclusive choir had taken place. Residents who spoke to inspectors said that they enjoyed the activities available within the centre, such as the bingo. Inspectors observed that mass was broadcast on television and there was singing on the day of the inspection. Mass was also celebrated weekly by a local priest who attended the centre.

Residents were supported to take part in one-to-one activities such as art, colouring and reading the newspaper. The person in charge told inspectors that they planned to put a Dublin bus stop within the garden and had sourced some bus tickets to have some reminiscence therapy for residents. Throughout the centre, inspectors observed residents' art work that had been framed and mounted on walls. Other crafts such as colourful textile art work were on display to provide colour and enhance the living environment in different areas.

A hairdressing service was provided in the centre twice a week for residents and there was a dedicated well equipped hairdressing salon for residents to attend to have their hair styled.

Visitors were seen throughout the day of the inspection. Inspectors were told that

visiting could take place in residents' rooms, in the visiting room and in the garden.

Menus were displayed throughout the corridors for the breakfast time meal in pictorial format. Menus for other meals such as the lunchtime and tea-time meals were displayed within the dining rooms. Menus were available on a rolling four-week basis, with a snack menu also available between meals. Choices were seen to be offered for the starter, main meal and dessert at lunchtime with two hot options available at tea time. Inspectors observed the lunchtime meal within the centre and found there was an adequate number of staff available to residents. Assistance provided by staff for residents who required additional support during meals was observed to be kind and respectful. Most residents spoken with were complimentary regarding the food choices and meals on offer, with one resident stating that they particularly enjoyed the soup. Another resident commented that they would like to see more variety. Residents were consulted on the menu through the residents' forum, which met quarterly.

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

Overall residents appeared well cared for and they reported they were supported by staff to live a good life in the centre. Action was required however with the oversight systems to ensure a safe and effective service was provided to residents. For example action was required in relation to assessments and care planning, residents' rights, the layout of some areas of the premises, infection control practices and protection.

Inspectors followed up on actions identified on the last inspection and found that these had been addressed by the management team. Inspectors were also in the process of reviewing an application to remove condition 4 of the registration which stated that for rooms 1, 2 and 3, reconfiguration of the layout of the rooms was required to ensure compliance with the regulations. Inspectors found that the registered provider had taken the necessary steps in order to complete the required works in these rooms.

Glenaulin Nursing Home Limited is the registered provider of the designated centre Glenaulin Nursing Home. On the day of inspection inspectors found that there was an established governance and management structure in place and roles and responsibilities were clearly defined within the organisation. The person in charge had taken up their role in December 2021 and was supported in their role by an assistant director of nursing and senior nursing team. The team in the centre comprised of nursing and care staff, an activities team, maintenance personnel, catering and household staff. The team was well established and staff reported to inspectors that they felt well supported in their roles and that they worked well

together as a team.

Inspectors reviewed records of regular staff meetings; these records detailed comprehensive agendas, action plans developed, time frames for completion and responsible persons. There was a range of management systems in place to provide oversight of the service for example; there was a live centre-specific risk register maintained regularly to provide overview of the clinical risks in the service. Key clinical parameters were collected also, however, no records of how these were trended and analysed were provided to inspectors. There were ongoing audits being completed in the centre and although these identified gaps in the service, not all had action plans developed. Oversight of non-clinical aspects of the service such as the layout of the centre's multi-occupancy rooms and how this impacted on residents' right to privacy and autonomy also required attention.

An annual review of the service had been completed for 2021 and included quality improvement plans for 2022. A survey on residents' experience of the service was included and informed the report.

There was an up-to-date statement of purpose available to inspectors which contained pertinent information about the service. A valid insurance policy was also in place.

There was an accessible complaints procedure in place and this was displayed for residents' and visitors' information in prominent locations throughout the centre. Records of complaints were maintained in the centre's complaints log and these contained details of investigations and communications with those involved in the complaint. All residents who spoke to inspectors reported they were happy to speak to staff should any issues arise.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to remove condition 4 of the registration was submitted by the registered provider. This condition stated that for bedrooms 1, 2 and 3 reconfiguration of the layout of the rooms was required to ensure compliance with the regulations. Inspectors found on inspection that the registered provider had taken the necessary steps in order to complete the required works in these rooms.

Judgment: Compliant

Regulation 22: Insurance

Inspectors found that the registered provider had a valid and in date insurance policy in place in the centre.

Judgment: Compliant

Regulation 23: Governance and management

The management systems in place to monitor the service required action to ensure that all areas of the service for improvement were identified and actioned. For example;

- The oversight of the premises required attention. Configuration of multi-occupancy bedrooms required review to ensure residents' right to privacy and autonomy were being supported.
- There were ongoing audits being completed in the centre and although these identified gaps in the service, not all had action plans developed. For audits that did have actions plans developed, inspectors were not assured that these actions had been completed. For example; the assessment and care plan audit completed in June identified gaps in residents' care records. On review of care records during the inspection, inspectors identified similar gaps as this issue had not yet been addressed following the audit in June.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

The centre's statement of purpose contained all the information required under Schedule 1 of the Health Act (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013.

Judgment: Compliant

Regulation 30: Volunteers

There were no volunteers attending the centre at the time of inspection.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible complaints procedure and policy in place. Records of

complaints were maintained in line with the regulations and residents reported they were happy to speak to staff should any issues arise.

Judgment: Compliant

Quality and safety

Residents' records were maintained on an electronic system. A sample of residents' records such as pre-assessments, assessments and care plans were reviewed by inspectors. Inspectors found that improvements were required to ensure that care plans reflected the residents' current care needs in order to guide their care. For example, inspectors found that for two newly admitted residents, there was insufficient information within the care plans prepared within 48 hours of their admission. In addition, there were gaps in formal reviews of care plans with numerous care plans seen to exceed the regulatory time frame of four months. Other care plans, while in date did not provide staff with sufficient guidance for the resident's current care needs and they had not been updated following specialist review and advice. Overall, while care was seen to be good throughout the inspection and staff were knowledgeable on residents' needs, this created a risk that for staff who did not know the residents' well, would have insufficient information within care plans to guide them. This is further discussed under Regulation 5 below.

Residents had timely access to health care. Two general practitioners (GPs) visited the centre weekly, providing residents with on-site reviews. Records showed that residents were provided access to other health and social care professionals such as gerontology, psychiatry of older age, physiotherapy, dietitians and tissue viability nursing (TVN) in line with their assessed needs.

The provider had a restraints register in place. While, a sample of records reviewed evidenced that assessments and care plans were in place, inspectors found that restrictive practice within the designated centre was not fully in line with national policy of the Department of Health Towards a Restraint Free Environment in Nursing Homes last updated on 26 October 2020. For example, there was no evidence that for all records reviewed that the approach was the least restrictive solution to manage the risk. In addition, inspectors found that practice in the centre was not in line with the registered provider's policy on restraint use and restrictive practice dated October 2019 which outlined that there must be clear evidence of alternatives trialled while assessing the use of restraints for individual residents and that a consent form must be completed.

Inspectors also viewed documentation on the management of residents with responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Records showed that residents displaying responsive behaviours were managed in the least restrictive manner with access to specialist

input such as psychiatry of older age or GPs. Records also showed that evidence from these specialists were seen to be followed. However, inspectors found that some improvement was required to ensure staff had up to date knowledge and skills to respond to and manage each incident of responsive behaviour.

The provider acted as a pension agent for some residents when required. The provider had arrangements in place to hold small amounts of money for residents; there were good systems in place to protect residents' money held in safekeeping in the centre. Training records showed that a number of staff required refresher training in safeguarding vulnerable adults from abuse. However, when inspectors spoke with a number of staff, they were knowledgeable on how to respond to various types of abuse that could take place. In addition, all residents spoken with reported to feel safe within the centre. The provider has a safeguarding and elder abuse policy dated February 2020. However, inspectors reviewed one record in which a safeguarding incident had not been identified, responded to in line with the policy, or reported to the Chief Inspector.

There was a menu available and a choice of food was on offer. Mealtimes were observed to be an enjoyable experience for residents. The dining environment had a relaxed atmosphere and residents' choice was seen to be respected. Meals, including specialist diets, were seen to be presented in an attractive and appealing manner. The person in charge told inspectors that they planned to set up a group on improvements around food and nutrition, such as pictorial menus for all meals within the designated centre.

The premises was seen to be clean and there was oversight arrangements in place for cleaning schedules. Infection control training was available to staff and staff were observed to be following infection control guidelines and good practice with the correct use of personal protective equipment (PPE) and hand hygiene. The centre had experienced recent COVID-19 and other outbreaks. The management of these outbreaks was supported by the Health Service Executive's department of public health. The person in charge had also completed local reviews of these outbreaks to ensure learning was developed. However, further review relating to single use products, symptom checking and the layout of the laundry was required by the provider to meet full compliance with Regulation 27.

There was a varied recreational and occupational programme of activities and outings available to residents in the centre. Residents had access to television, radio and daily newspapers and there were efforts made to ensure residents' ongoing connections and links with the community through attending groups such as a dementia inclusive choir. Residents meetings were held regularly to ensure residents' concerns and suggestions for the service were heard and addressed and advocacy services were available as required.

The premises was maintained overall to a good standard both internally and externally. The configuration of some of the centre's multi-occupancy bedrooms required review however to ensure that all residents could utilise the floor space within the room as required by the regulations. Inspectors' observations are outlined

under regulation 17, Premises and Regulation 9, Residents' Rights.

Regulation 17: Premises

Action was required to ensure the registered provider was compliant with Regulation 17, Premises. Inspectors observed that the configuration of many multi-occupancy rooms required review so that all residents could utilise the floor space within the room.

- In two of the multi-occupancy rooms observed by inspectors, for residents to leave the room it required one of the residents to walk through another resident's private space. This impacted on both residents' autonomy and privacy.
- In some of the multi-occupancy rooms the space available to a resident behind their privacy screen was not adequate to afford the resident sufficient space and privacy to attend to personal activities such as dressing.
- Some residents did not have a chair beside their bed where they could sit to get dressed in privacy or to have quiet time in their own space. For some of these residents there was insufficient room to have a chair by their bed without blocking access to their bed or locker.

Judgment: Not compliant

Regulation 18: Food and nutrition

Residents were assessed to identify their risk from malnutrition and care plans were developed to guide staff regarding each residents' needs. Residents who spoke with inspectors reported they were overall satisfied with the food on offer in the centre.

Judgment: Compliant

Regulation 27: Infection control

Visitors were not checked upon admission to the designated centre for symptoms of COVID-19 or any other infection, contrary to public health guidance in place at the time of the inspection. This may result in onward transmission of a droplet or airborne COVID-19 infection to residents.

Inappropriate storage was observed which posed a risk of cross contamination to residents. For example:

- Clean incontinence wear was stored out of packets in communal bathrooms.
- Items such as personal hygiene products were stored in communal bathrooms which were unlabelled and created a risk as these items were not single use.
- Handling belts were seen stored on top of one another and unlabelled. In addition, the cleaning processes discussed with inspectors were not appropriate and these were shared and not cleaned in between use.
- The centre's clinical room did not contain a hand wash basin.
- Rack storage solutions were required in the centre's sluice rooms.
- The laundry facility and infrastructure did not support the separation of the dirty to clean phases of the laundering process.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors found that not all residents had been comprehensively assessed nor had all required care plans in place upon their admission to the centre. For example, one resident had been identified as a falls risk at their pre-admission and within their falls risk assessment, however this had not been evidenced within their care plan.

Care plans had not been reviewed within four months and as a result residents' care needs were not accurately reflected in their care plans. For example:

- A resident with a skin integrity need did not have their skin condition care plan reviewed within the last four months. In addition, the advice within the care plan was outdated and did not include the prescribed treatment plan advice from the tissue viability nursing visit in July 2022.
- A resident who recently complained of pain did not have a pain assessment completed.
- A falls risk assessment and mobility care plan had not been updated following a recent incident which had resulted in a serious injury to the resident.
- One resident who was at risk of under nutrition did not have their care plan reviewed following the advice of the dietitian. While this care plan did reflect that weight monitoring was required weekly, this was not seen to be in place. The last two records were 10 and 51 days prior to inspection.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors found that residents had access to appropriate health care support to meet their needs. There was a system of referral in place to specialist health

professionals and residents also had access to local community services such as opticians, dentistry and chiropody. Residents were also supported to access the national screening programme.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Inspectors noted that there were a number of electronically secured doors throughout the centre which required a code to gain entry and egress. These codes were not accessible therefore limiting free movement of residents around the centre.

Records for restrictions in place did not set out alternatives trialled and clarification that the restriction was the least restrictive option available.

- A resident who had a bed and chair alarm in place did not have a risk assessment completed for the use of the chair alarm. Care records did not provide information in relation to other methods trialled prior to these restrictions being put in place.
- A resident's bedrails restraint assessment, recorded that no other methods were trialled and did not have any recorded consent.
- On a risk assessment for a resident who had bed rails in place stated that alternatives had been trialled. However there was no details of what these alternatives were used. In addition, the restraints care plan had not been reviewed within the last four months, so the information provided was no longer accurate.

A resident who had a behaviour care plan in place, had their triggers and the measures taken to reassure the resident recorded. Inspectors reviewed details of an incident where on two occasions, this care plan had not been followed.

Judgment: Substantially compliant

Regulation 8: Protection

Approximately 16% of staff required refresher training in safeguarding vulnerable adults from abuse.

Inspectors reviewed one incident record which had not been managed through the safeguarding procedures.

Judgment: Substantially compliant

Regulation 9: Residents' rights

Action was required to ensure residents' right to autonomy and privacy was maintained. In some multi-occupancy rooms, inspectors observed that the configuration of the rooms did not support residents' right to privacy and autonomy. For example; in one of the four-bed bedrooms, inspectors observed that residents were required to walk through one of the residents' personal space in order to gain access to their wardrobe and personal possessions. Furthermore in other multi-occupancy bedrooms observed, residents were required to walk through another resident's private space to order to leave the room or to access facilities such as the hand wash basin. This impacted on residents' right to autonomy and privacy.

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	
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 30: Volunteers	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	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	Substantially compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Glenaulin Nursing Home OSV-0000041

Inspection ID: MON-0036668

Date of inspection: 18/08/2022

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 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> - Review of the multiple occupancy bedrooms will be undertaken and any required actions will be undertaken. A timeline of December 31st 2022 will be provisionally provided as due to the current economic climate, the supply of certain materials may be impacted and may affect the completion of required works. - A complete review of the quality management system within the home will be undertaken with a review of the auditing schedule, auditing processes, review and analysis including for example care planning and assessment and resident privacy 	
Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> - A full review of multiple occupancy rooms is to be undertaken to address reconfiguration of the bedrooms and facilities within them to provide more personal space for each resident, and supporting their autonomy and privacy. The plan around addressing this is in progress. 	
Regulation 27: Infection control	Substantially Compliant

Outline how you are going to come into compliance with Regulation 27: Infection control:

- Signage was implemented at reception to ensure all visitors need to confirm before signing the visitors book that they are not visiting while experiencing any COVID symptoms, or had been in contact with a positive COVID 19 case. This was implemented on August 29th 2022.
- The storage of incontinence wear in communal bathrooms was reviewed and now comply with infection, prevention control protocols. This was implemented on August 26th 2022.
- There is ongoing communication with staff to ensure that personal hygiene products belonging to each resident are not stored in communal bathrooms. This is supported by ongoing daily review by the management team and supervisors.
- A complete review is underway regarding the use of handling belts, ensuring that each resident has their own individual belt. All belts will be individually labelled and specific to an individual resident. A cleaning schedule has been developed and implemented for the laundering of these belts and specific storage space has been identified for each individual belt.
- A review will be undertaken of the feasibility of the provision of a clinical sink within the clinical room, if such a placement is not structurally possible, consideration will be given to the relocation of the clinical room.
- Racking in sluice rooms will be installed.
- A review will be undertaken of the laundry facilities to assess how clean and dirty linen storage can be segregated effectively.

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:

- A full review will be undertaken of the processes for the completion of assessments and appropriate care plan development within the timeframe stipulated in the regulation.
- A full review of the quality management system in place in the home incorporating audits, analysis and provision of feedback in staff will be completed.
- Care planning and assessment education will continue to be provided to all nursing staff with ongoing supervision from the management team in the home.
- A process has been introduced to ensure that weekly weights are taken and documented for residents, with oversight by the management team to ensure that any weight loss or gain is monitored and referral to appropriate MDT occurs as needed.
- The referral processes to MDT services will be audited to ascertain any potential barriers to an effective referral process within the home and to address any findings.

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"> - The home advocates for the free movement of all residents around the centre at all times. The closure of doors on the day of inspection would not be common practice and all staff have been communicated with to ensure that this does not happen again. This will be supported by the daily review of this by the management and supervisor team. An additional measure put in place post inspection was the placement of butterfly symbols beside the keypads with code details to ensure that anyone with capacity to interpret them can do so. - Documentation supporting the risk assessment of the use of bed and chair alarms will be introduced. In addition, all alternative measures and the documentation of same will be fully reviewed and updated for each resident. - Ongoing education for all staff in Managing behaviours that challenge will be provided. 	
Regulation 8: Protection	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> - Refresher training for all staff will be provided in Safeguarding vulnerable adults from abuse. - The incident identified by the inspectors has been reviewed and submitted to the Safeguarding office, and all required measures put in place. 	
Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights:</p> <ul style="list-style-type: none"> - A full review of multiple occupancy rooms is to be completed to address reconfiguration of the bedrooms and facilities within them to provide more personal space for each resident, and supporting their autonomy and privacy. 	

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 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.	Not Compliant	Orange	31/12/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	31/12/2022
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	30/11/2022

	associated infections published by the Authority are implemented by staff.			
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's admission to the designated centre concerned.	Substantially Compliant	Yellow	31/10/2022
Regulation 5(4)	The person in charge shall 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.	Substantially Compliant	Yellow	31/12/2022
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	31/10/2022
Regulation 7(3)	The registered provider shall ensure that, where	Substantially Compliant	Yellow	31/10/2022

	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.			
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Substantially Compliant	Yellow	31/10/2022
Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Substantially Compliant	Yellow	30/09/2022
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/12/2022