



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

Issued by the Chief Inspector

Name of designated centre:	Raheny Community Nursing Unit
Name of provider:	Beaumont Hospital
Address of centre:	St. Joseph's Hospital Campus, Springdale Road, Raheny, Dublin 5
Type of inspection:	Unannounced
Date of inspection:	12 August 2021
Centre ID:	OSV-0000704
Fieldwork ID:	MON-0033957

About the designated centre

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

The designated centre is located on the St Joseph's Hospital Campus and is close to local shops and amenities. The designated centre is under the management of Beaumont Hospital. The centre provides care and accommodation for 100 residents predominantly over the age of 65 years. Accommodation is divided into four units with 25 bedrooms in each in a two storey purpose built building. There are two passenger service lifts between floors. Bedroom accommodation consists of a mixture of multi-occupancy, twin and single rooms, most of which overlook landscaped garden areas and an internal courtyard garden. There are communal lounges and dining areas available on each floor. Snacks and drinks are served from the pantry kitchens on the units. Main meals are prepared in the main campus kitchen. Care is provided by a team of nurses and care assistants, overseen by the Person in Charge.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	95
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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
Thursday 12 August 2021	09:05hrs to 18:10hrs	Deirdre O'Hara	Lead
Thursday 12 August 2021	09:05hrs to 18:10hrs	Margaret Keaveney	Support

What residents told us and what inspectors observed

From what residents told us and what inspectors observed, the general feedback from residents was one of contentment living in the centre and satisfaction with the care and services provided. Overall the atmosphere in the centre was calm and relaxed. Residents looked well cared for and happy.

When inspectors arrived at the centre they were guided through infection prevention and control measures necessary on entering the designated centre. These processes were comprehensive and included a signing-in process, hand hygiene, the wearing of face masks, and checking for signs of COVID-19. Inspectors observed the same process being implemented with visitors throughout the day.

Inspectors spent time observing residents and staff engagement, and found it to be informal, relaxed and friendly. Those residents who engaged with the inspectors said that staff were kind to them and looked after them well. At the time of inspection, some residents were in their bedrooms while others were in the communal areas participating in organised group activities, watching television and meeting with visitors.

The quality of residents' lives was enhanced by the design and layout of the centre. There was clear directional signage throughout the centre, and benches were placed in alcoves along some of the longer corridors to allow residents to sit and rest as they moved freely throughout the centre.

The centre was located over two floors with lifts and stairs to facilitate access between these areas. The layout of the premises enabled residents to spend time both in private and in a number of comfortable communal areas, which were decorated with memory enhancing memorabilia. The centre was clean and pleasantly decorated, with pottery flowers and butterfly murals adorning many of the corridor walls. Residents told inspectors that they could decide when to get up and go to bed.

Residents had free access to two well-maintained internal courtyards from the ground floor, both of which contained raised beds which residents had recently re-painted and planted with flowers, and seating which allowed residents to spend time enjoying the outdoors and good weather. Bedroom windows which overlooked the courtyards were slightly darkened, which offered residents in those rooms privacy and a clear view into the gardens. Residents who lived on the first floor of the centre, each had access to a safe balcony area from their bedroom. Flower baskets hung from many of these balconies which enhanced residents' enjoyment of these areas.

Residents in single and multi-occupancy rooms were encouraged to personalise their bedroom space with pictures and photographs to reflect their life and their hobbies and interests. Inspectors observed that many had decorated their rooms with

wedding and family photographs and furniture from home, including small fridges in which to store snacks and other food preferences. All bedrooms provided wardrobe and drawer space for residents to store their clothes and personal possessions. Lockable storage space was available for residents if they wished to use it to store their valuables.

There were facilities in place for recreational activities in each unit and residents had opportunities to participate in a variety of group activities every day. Throughout the day of the inspection, residents were observed enjoying activities in small groups. The director of nursing informed inspectors that a mobile sensory cart had been purchased to provide recreational opportunities to those residents who chose not to participate in group activities and instead preferred one-to-one activity experiences.

Residents were each presented with a schedule of the days' activities each morning to allow them time to choose what to participate in if they so desired. Inspectors observed a men's shed and a bingo session during the course of the inspection, and found that residents were positively engaged in these activities.

Residents' religious rights were respected and mass was facilitated on a weekly basis, with an oratory also available for residents' use.

Residents spoken with said that the food in the centre was excellent and that kitchen staff made great efforts to celebrate special occasions, such as birthdays. Pictorial menus were also available to residents, however inspectors observed that the pictures were small and might not be useful to residents with visual impairments. The person in charge committed to reviewing the layout of these menus.

Residents were given ample time to choose their meal preferences, as a menu were presented to residents at 11am daily which informed them of the meal choices for the following day. The director of nursing informed inspectors that residents' feedback had been sought on how the provider could enhance the dining experience in the centre and that some changes had been made, which included repainting and wallpapering in dining rooms, placing cheerful tablecloths on tables and menu changes. Due to the COVID-19 pandemic, residents from each unit dined together, separately from the other units. Inspectors observed mealtimes to be mostly a calm and relaxed occasion. However improvement was required to reduce the movement of staff through the main dining rooms which may impact on the dining experience for residents. Staff were observed to gently assist residents during mealtimes and to encourage them to enjoy their meals.

Residents who spoke with inspectors said that they felt safe living in the centre. They also told inspectors that if they had any concerns or complaints, they were dealt with quickly and that they were comfortable highlighting any such issues to staff members.

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

The centre was well managed by a management team who were focused on improving resident's wellbeing and life in Raheny Community Nursing Unit. There were effective management structures in place that ensured care was provided in a safe and sustainable way.

There were management systems and processes in place to promote the service and ensure that the service was safe, consistent and appropriate to residents' needs. Inspectors reviewed the actions outlined in the compliance plan of the previous inspection and found that in the main, they had been addressed. For example in governance and management, staffing, training and development and risk management. However, the management of records remained not compliant.

The centre is part of the Beaumont Hospital group. It had its own internal governance structures, as well as clearly defined links and relationships with the management structures of Beaumont Hospital. There was significant improvements seen from the last inspection with regard to governance and management oversight, where the person in charge (PIC) was now available at all times. They reported to the director of nursing, who reported to various business and clinical leads and Beaumont Hospital Chief Executive Officer. Clinical care was overseen by the lead consultant geriatrician.

The PIC was a qualified nurse with the experience and skills necessary for their role. The person in charge was supported in their role by the director of nursing, a number of nurse managers and specialists who supervised nursing, healthcare assistants and activity staff to provide good quality care. Allied health and social care professionals also reported to them. Service managers oversaw catering, housekeeping and the maintenance services.

The management structure in place clearly identified lines of accountability and authority. Inspectors spoke with various staff who demonstrated an awareness of their roles and responsibilities. Records of management and staff meetings were reviewed and found to discuss audit results, ensuring that areas for improvement were shared and followed up on in a timely way.

The communication system in the centre included daily handover meetings and staff meetings. In addition, there were various management meetings and committees, which met regularly, with appropriate action plans drawn up and responsible persons identified.

A health and safety committee met every six weeks, and was chaired by the business lead. Risk management and the risk register was reviewed, as well as audits, catering, training and maintenance were reviewed and monitored at this forum also.

An annual review of the quality and safety of care delivered to residents in 2020 had been prepared and was available to residents. This included a detailed quality improvement plan for 2021 to improve the lived experience of residents. This was based on a review of audit outcomes and feedback from residents and family. For example, the provision of external visiting sheltered areas where some had overhead heating installed to help in making window visits more enjoyable and more T.V stations. There was an on-line booking system to assist with booking visits and a dedicated member of staff had the responsibility to arrange visits by telephone for those who could not book on-line.

On the day of inspection, sufficient staffing with the appropriate skill mix, were found to be in place to deliver a good standard of care with regard to the current resident profile and assessed needs. The staff rota was checked and found to be maintained with all staff that worked in the centre identified. The clinical nurse managers and nurse specialist were supernumerary to staffing levels and oversaw the quality and safety of care for residents. Staff were supervised in their work and were knowledgeable regarding the needs of residents.

A review of training records indicated that there was a comprehensive programme of training and staff were supported and facilitated to attend training relevant to their role. There was a small number of staff overdue refresher training in fire safety, manual handling and infection control. This training was scheduled to take place in the weeks following inspection.

All nursing staff were trained to take swabs for the detection of COVID-19 infection. A sample of other training available to staff were restrictive practice, wound management, responsive behaviours, medication and falls management.

Records and documentation required by Schedule 2, 3 and 4 of the regulations were made available on the inspection day. However the secure storage of residents records needed to be improved. In addition, the records required by Schedule 2 for staff were not kept in the centre, as required by Regulation 21: Records.

The statement of purpose presented to inspectors did not contain the correct conditions of registration and some of the current staff in the centre. This was updated on the inspection day and was then displayed and available to residents and visitors.

An up-to-date complaints policy identified the key roles of those involved with implementing the policy. The procedure was on display within the designated centre. There was evidence from records and discussions with residents that complaints were managed in a timely manner. While the complaints reviewed by inspectors were fully investigated and well documented, the satisfaction level of the complainant was not recorded.

Required policies and procedures were in place. There was a system for updating these to ensure that they remained relevant and provided up-to-date guidance for staff to deliver care and support that was evidence based.

Regulation 14: Persons in charge

The person in charge is a registered nurse and worked full time in the designated centre. They had the many years' experience working in the centre and had the required management experience and had recently completed a management qualification. They were supported in their clinical management role by a director of nursing and nurse managers

Judgment: Compliant

Regulation 15: Staffing

At the time of inspection, there were appropriate staff numbers and skill-mix to meet the assessed health and social care needs of residents with regard to the design and layout of the centre. There were at least nine registered nurses on duty at all times in the centre.

Judgment: Compliant

Regulation 16: Training and staff development

Staff were supervised in their roles by the clinical nurse managers and the relevant services manager. Records viewed by the inspector confirmed that there was a good level of training provided in the centre. A detailed training matrix was available for review. Records showed that almost all staff had attended regular mandatory training in infection prevention and control, safeguarding vulnerable adults from abuse, fire safety and people moving and handling. There were some delays due to COVID-19 where trainers could not attend the centre.

Judgment: Compliant

Regulation 21: Records

The registered provider had not ensured that staff records were accessible on site. They are required to be kept in a designated centre to comply with Schedule 2 of the regulations.

While resident records were readily accessible they were not securely in all units in

the designated centre.
Judgment: Not compliant
Regulation 23: Governance and management
<p>There was a clearly defined management structure that identified the lines of authority and accountability. The organisational structure was outlined in the statement of purpose.</p> <p>Clinical audits were carried out that analysed accidents, complaints, care plans, medications and others. The results of audits were shared with staff for learning.</p> <p>There was evidence of consultation with residents and their representatives in a range of areas at residents' meetings, day-to-day interaction and surveys carried out. The inspector noted that the annual review of the service for 2020 was completed.</p>
Judgment: Compliant
Regulation 3: Statement of purpose
The statement of purpose contained the required information set out in Schedule 1 of the regulations.
Judgment: Compliant
Regulation 34: Complaints procedure
Issues recorded were found to be resolved locally or formally by the complaints officer as appropriate. However, the records in four complaints viewed did not show if the resident or complainant was satisfied with the outcome.
Judgment: Substantially compliant
Regulation 4: Written policies and procedures
Of the policies seen, they were reviewed within the required time frames and were

readily available to staff in the centre.

Judgment: Compliant

Quality and safety

Overall, residents were supported to have a good quality of life in the centre with their wishes and choices respected by the provider and staff. There was evidence of good consultation with residents and the registered provider ensured that residents' rights were considered and promoted. However, improvements were required in care planning, personal possessions and premises.

Residents' needs were being met through good access to health care services and opportunities for social engagement. There was good documentation in activity care plans, which showed residents choices and preferences and how they enjoyed or participated in activities.

A multi-disciplinary meeting was held weekly, that was chaired by the lead consultant geriatrician, where each residents assessed needs were reviewed at least every three months or more often if needed. Residents had 24 hour access to a medical team led by a consultant geriatrician, who reviewed and attended to them in the centre. Inspectors saw that, when necessary, residents were referred to the specialist health care services such as physiotherapy, occupational therapy, dietitian, speech and language therapy, dental and ophthalmology, in order to maintain their health and well-being and to promote their independence. The provider ensured that those residents who had a medical card were able to access services that they were entitled to. Residents also had access to national screening services.

A sample of residents' care plans were reviewed. Inspectors observed that the health, personal and social care needs of residents were assessed prior to the resident being admitted to the centre and that subsequently a wide range of validated assessment tools were used to identify residents' care needs, including those on falls, nutrition, skin integrity and mood and behaviour. These assessments were used to inform the residents' care plans that guided staff on how to effectively support and care for residents. However, some resident care plans were not seen to be developed within 48 hours of admission. There was evidence that many completed care plans were person centred, and that residents and their relatives where appropriate, were consulted in their development. Staff who spoke with the inspector knew the residents well.

While developed care plans were regularly reviewed or as required, the process to ensure that the most up-to-date information was clearly evident in current care plans, needed improvement. Current care plans are needed to ensure that staff caring for residents are clearly guided to follow the most appropriate care measures.

A restraint-free environment was promoted in the centre and a comprehensive

register of restraint usage was maintained and subject to regular reviews by a multi-disciplinary team. Residents who presented with responsive behaviours had appropriate behavioural assessments and care plans in place. The person in charge and staff actively sought ways to reduce restrictive practices by trialling alternatives. Residents were provided with appropriate positive behavioural supports to meet their needs and staff spoken with were knowledgeable of these supports.

Residents' rights were respected and residents were supported to choose how they lived their lives. Residents had access to advocacy and voting services. There was a programme of activities available to residents which residents told inspectors they enjoyed. Residents who required additional support to participate in activities were provided with this support by activities staff in attendance.

A choice of food was offered to residents at mealtimes. Dietary sheets, particular to residents, were stored in kitchen areas next to the dining rooms and on catering trollies for catering staff to refer to. Inspectors spoke with kitchen staff who were familiar with residents' particular needs, likes and dislikes.

While the premises was generally well maintained, the following improvements were required to ensure the environment was safe and needs of residents were maintained. For example, bells needed to be available in two toilets and flooring in a dining room was heavily marked. A review was required in all shared bedrooms to ensure residents had access to televisions, so that their choice of recreation was not impacted.

The provider had arrangements in place to safeguard residents from abuse. A safeguarding policy detailed the roles and responsibilities and the appropriate steps to take should a concern arise. Residents spoken with said that they felt safe and well cared for within the centre. Staff were clear about their role in protecting residents from abuse and confirmed that they were familiar with the centres safeguarding policy.

Residents were satisfied with arrangements in place for laundering and storage of their clothing and personal possessions. The provider securely held small amounts of cash for some residents at their request. However, inspectors found that improvements was required to ensure that residents had access to their money at all times.

Visiting was facilitated in numerous suitable communal and private areas within the centre and on the grounds of the centre. The management team had implemented a visiting system which maximised the residents and their relatives' safety and access to visits while minimising the risk of bringing COVID-19 into the centre. Residents and visitors spoken with expressed satisfaction with the arrangements in place.

Infection prevention and control strategies had been implemented to effectively manage or prevent infection in the centre. These included implementation of transmission-based precautions for residents, ample supplies of PPE which were used in accordance with national guidelines and the monitoring of visitors and residents for signs of COVID-19 infection.

A seasonal influenza and COVID-19 vaccination program had taken place, with vaccines available to both residents and staff. There had been a high uptake of the vaccines among residents and staff. While there was evidence of good infection control practice outlined above, refresher training for three staff was required to improve good hand hygiene practice such as the wearing of hand jewellery and performing appropriate hand hygiene during a drug round.

Regulation 11: Visits

The registered provider had arrangements and facilities in place for residents to receive visitors. Inspectors observed that all visitors to the centre were requested to complete infection and prevention control measures in line with Health Prevention and Surveillance Centre guidance, which included hand hygiene, temperature checks and mask wearing.

Judgment: Compliant

Regulation 12: Personal possessions

The provider had an arrangement in place for the safekeeping of resident money, with good logging and auditing systems in place which were overseen by the person in charge. Residents had access to this money Monday to Friday, however inspectors found that the system did not facilitate residents to access to this money at weekends.

Judgment: Substantially compliant

Regulation 17: Premises

The following were improvements required to ensure the needs and safety of the residents conformed to Schedule 6 of the regulations;

- The flooring was heavily marked in one dining room.
- The call bell in one toilet was broken and a bell was not available in another toilet should residents require assistance.
- The choice of viewing television in shared bedrooms was restricted should residents wish to view them while in bed or should they wish to view other stations other than stations chosen by other residents in that room.

Judgment: Substantially compliant

Regulation 18: Food and nutrition

Inspectors observed that the food provided was nutritious and visually appetising, and was clearly enjoyed by residents. A supply of fresh water was available in communal areas and in residents' bedrooms. A sufficient number of staff were seen to assist residents discreetly and in an unhurried manner during mealtimes.

Judgment: Compliant

Regulation 26: Risk management

There was good oversight for risks associated with the centre. Regular quality and safety meetings took place to discuss incidents and accidents and risk management procedures. The risk register was actively kept under review by the management team.

Judgment: Compliant

Regulation 27: Infection control

The provider had ensured that procedures were consistent with the standards expected for the prevention and control of health care associated infections in the centre, which was monitored on a daily basis.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While care plans were person centred, there were areas for improvement to ensure that plans contained clear, consistent and up-to-date information about resident's needs. These gaps in records could lead to incorrect care and support being delivered, for example:

- In three records reviewed, inspectors noted that that care plans for residents' assessed needs were not developed within 48 hours of the resident being admitted to the centre.

- A care plan on the management of a percutaneous endoscopic gastrostomy (PEG) tube (used in residents who have difficulty swallowing food) contained both historical and updated care instructions.
- For one resident, a care plan specific to behaviours and mood had not been updated to remove direction for staff to give a medication that had been discontinued.
- In two care plans (stoma and nutrition) developed for a resident, the guidance on fluid restriction differed.
- Inspectors observed that a catheter care plan had not been updated to reflect the most recent care review and recommendations made by the medical team, for example the daily urinary output no longer needed to be measured.

Judgment: Substantially compliant

Regulation 6: Health care

Inspectors observed that residents' health and well-being was maintained by a good standard of evidence based care and appropriate medical care intervention. Residents had timely access to a consultant geriatrician, general practitioner (GP) and allied healthcare professionals' when required or requested. A medical team was also available to residents at all times.

Eligible residents were supported by the provider to access national screening services.

Inspectors looked at records which showed that residents were regularly reviewed for signs and symptoms of COVID-19.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The registered provider was seen to be actively promoting a restraint-free environment. On review of the documentation inspectors found that each resident, displaying behaviour that challenged, had a risk assessment of need completed. Inspectors reviewed the associated care plans and found person centred guidance in place that clearly guided staff to support and care for residents who displayed behaviours that challenge.

Judgment: Compliant

Regulation 8: Protection

A safeguarding policy was in place which guided staff in their response to concerns of abuse in line with best practice. Staff spoken with demonstrated their knowledge of what constituted abuse and of steps to take in the event of an incident, suspicion or allegation of abuse.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had a variety of activities to participate in throughout the day. They had access to telephones and newspapers. Residents were also provided with opportunities to vote during elections and had access to an advocacy service. The provider organised quarterly residents' meetings to seek residents' views on the quality of service and their opinion on changes.

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
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 21: Records	Not compliant
Regulation 23: Governance and management	Compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Substantially compliant
Regulation 18: Food and nutrition	Compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Raheny Community Nursing Unit OSV-0000704

Inspection ID: MON-0033957

Date of inspection: 12/08/2021

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 21: Records	Not Compliant
Outline how you are going to come into compliance with Regulation 21: Records: <ul style="list-style-type: none"> • Locked presses in place – all staff have been made aware that presses containing resident's records must be locked at all times. A new system has been put in place to ensure full compliance. • A full list of Schedule 2 requirements will be requested by Recruitment during the On Boarding Process and will be available in electronic format. 	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: Complaints form has been amended to include an outcome and level of satisfaction response of the complainant.	
Regulation 12: Personal possessions	Substantially Compliant
Outline how you are going to come into compliance with Regulation 12: Personal possessions: <ul style="list-style-type: none"> • Locked press has been provided with funds available to residents 24 hours per day. • SOP for process has been finalised and circulated. 	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • Call bell has now been repaired in the toilet downstairs • Upstairs toilet - Toilet is available with a fully functioning call bell should residents require assistance. • Floor – replacement plan drawn up for heavily marked areas. • Television – Tablets/Ipads have been made available to residents if they wish to view something different from the main television in the shared bedrooms. 	
Regulation 5: Individual assessment and care plan	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <ul style="list-style-type: none"> • The importance of updating assessments and care plans has been communicated to all staff during CNM and staff meetings. • Ongoing education to be provided to Staff Nurses around care planning. • 2 monthly metrics carried out on the units will monitor compliance. 	

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 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	15/09/2021
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	14/10/2021
Regulation 21(1)	The registered provider shall ensure that the	Not Compliant	Orange	31/12/2021

	records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.			
Regulation 21(6)	Records specified in paragraph (1) shall be kept in such manner as to be safe and accessible.	Not Compliant	Orange	12/08/2021
Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	15/08/2021
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	22/08/2021

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	15/08/2021
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