



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Cairnhill Nursing Home
Name of provider:	Costern Unlimited Company
Address of centre:	Herbert Road, Bray, Wicklow
Type of inspection:	Unannounced
Date of inspection:	21 November 2023
Centre ID:	OSV-0000755
Fieldwork ID:	MON-0041868

About the designated centre

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

The centre is based in Bray and has good access to local amenities, including bus routes. The premises are purpose-built, and four floors are in use, with bedroom accommodation located on the ground, first, and second floors. Three lifts provide access between the floors. The centre offers 93 places for men and women over the age of 18. The centre caters to residents of all dependencies, low, medium, high, and maximum, and can offer convalescence care, palliative care, respite, and long-term care. Twenty-four-hour nursing care is provided. A comprehensive pre-admission assessment is completed in order to determine whether or not the centre can meet the potential resident's needs. In total, there were 83 single and five twin rooms, all with full en-suite facilities. The bedrooms are spacious and comfortable. Sufficient communal space is available on each floor. The basement area is used mostly for support services such as the laundry, maintenance room, and hairdressing salon, along with offices, staff facilities and a training room. There is also a large function room located in the basement area, which is mostly used for movie afternoons and parties. Additional storage was also provided here. According to their statement of purpose, Cairnhill Nursing Home aims to provide the highest quality of care and services to all residents, above and beyond their expectations and those of their relatives. This is provided in a homely and friendly environment where residents' privacy and dignity are respected, and their individuality is maintained. It aims to provide an environment that is safe, homely, and friendly and in which residents feel secure. It also aims to provide a high standard of direct care services individualised to meet residents' needs while involving all those using the service and their families in planning and decision-making where appropriate.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	91
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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
Tuesday 21 November 2023	08:15hrs to 17:00hrs	Helena Budzicz	Lead
Tuesday 21 November 2023	08:15hrs to 17:00hrs	Yvonne O'Loughlin	Support

What residents told us and what inspectors observed

From what inspectors observed and from what the residents told them, residents were happily residing in the centre and received a good standard of care. The inspectors spoke with eight residents living in the centre. All were very complimentary in their feedback and expressed satisfaction with the standard of care provided.

Inspectors arrived unannounced at the centre and were met by the clinical nurse manager. The person in charge arrived shortly. Following an introductory meeting with the person in charge, the inspectors were shown around the centre.

Overall, the centre was nicely decorated and had a very pleasant atmosphere. The centre was generally clean in all areas. There was a choice of communal spaces. However, inspectors observed that the access to the centre's garden on the ground floor was accessible with the key-fob only, which did not support a restraint-free environment and was not in line with the national restraint-free environment policy.

Nursing staff were observed attending to residents' requests for assistance and administering their medications in the morning, while healthcare staff supported residents with personal care. These tasks were carried out in a friendly and unhurried manner. Staff members were seen knocking on the resident's doors prior to entering their bedrooms. It was evident that management and staff knew the residents well and were familiar with each resident's daily routine and preferences.

Inspectors observed that residents' bedrooms were homely and filled with the residents' personal possessions. Residents who spoke with inspectors said they loved their rooms and it was their home'. The inspectors saw that residents appeared very well-groomed and lovely dressed.

During the inspection, the activity coordinator was observed facilitating Mass activities in one of the communal rooms, and a number of residents were happily chatting with inspectors, expressing their excitement for the activities programme of the day. The activity schedules were displayed around the centre.

All of the residents who spoke with the inspectors had positive feedback about the food, stating that "the food is lovely" and "plenty was available".

The next two sections of this report will present findings in relation to governance and management in the centre, and how this impacts on the quality and safety of the service being delivered.

Capacity and capability

Overall, this was a well-managed service with established management systems in place to monitor the quality and safety of the care and services provided to residents.

This was an unannounced inspection to monitor the designated centre's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) 2013 as amended.

The registered provider for this designated centre is Costern Unlimited Company. There was a clearly defined management structure in place that identified the lines of authority and accountability. The person in charge joined the centre in April 2023. They were supported by the Clinical operations manager and locally by the staff working in the centre.

Staffing levels were suitable to the size and layout of the centre and appropriate for the needs of the residents. Inspectors noted that the centre had a sufficient number of housekeeping staff to effectively meet its infection prevention and control hygiene standards. This was confirmed by examining staff rosters and speaking with the housekeeping staff. The provider had put in place various measures to ensure high standards of environmental hygiene, including detailed cleaning specifications, checklists, and the use of colour-coded cloths to reduce the risk of cross-contamination. The daily cleaning regime, supported by a review of cleaning records, also included regular deep cleaning of residents' bedrooms.

Inspectors reviewed staff training documentation, which confirmed that all staff working in the designated centre were up-to-date with their mandatory training. Staff demonstrated a good understanding of various aspects of infection prevention and control, including cross-contamination, laundry management, effective cleaning, outbreak management, and the communication methods used for infection-related issues.

There was a vaccination programme in place for staff and residents, including the seasonal influenza vaccination, which had a good uptake.

There was also appropriate supervision in place for all staff members. However, inspectors observed that some roles and responsibilities required review to ensure that all staff were working within their job description. The person in charge submitted assurances following the inspection with reviewed jobs roles and responsibilities, ensuring that residents would receive appropriate and safe care.

The registered provider maintained systems to ensure that the service was effectively monitored. There was a programme of audits in place to review the clinical care provided to the residents. However, the inspectors found that not all actions identified in the centre's own audits were effectively reviewed and actioned. For example, the medication management audit completed in October 2023 identified a lack of oversight with respect to medication stock. However, the findings

from this inspection confirmed that those findings were not appropriately followed up. This is discussed under relevant regulations throughout this report.

Additionally, evidence of multi-drug resistant organisms (MDRO) and antibiotic consumption surveillance was available in each unit, but no trending of results or quality improvement initiatives were available. This meant that the provider was unable to monitor the trends in the development of antimicrobial resistance within the centre.

While all policies, as required in Schedule 5 of the regulations, were in place, they needed a review to ensure they were correctly named, centre-specific, and updated according to the latest national guidelines.

Regulation 15: Staffing

Inspectors found that there was an adequate number and skill-mix of staff in place with regard to the needs of the current residents and the size and layout of the designated centre.

Judgment: Compliant

Regulation 16: Training and staff development

Arrangements were in place to ensure staff were facilitated to attend mandatory and professional development training appropriate to their roles and responsibilities.

Judgment: Compliant

Regulation 22: Insurance

A contract of insurance was available for review. The certificate included cover for public indemnity against injury to residents and other risks, including loss and damage of residents' property.

Judgment: Compliant

Regulation 23: Governance and management

Notwithstanding the good management systems in place to oversee the care and quality of service provided to the residents, a number of gaps were identified that required review;

- There were inadequate mechanisms of oversight of staff roles and responsibilities and their supervision to ensure that all residents received appropriate care from skilled staff registered with the national professional boards if applicable and that all roles and duties reflected national professional guidelines and policies. Adequate assurances with respect to appropriate staff supervision and delegation of their roles and responsibilities were received following the inspection.
- Audits completed in some areas, specifically in respect of medication management and infection control required improvement, as highlighted in this report. The actions in some of the audits were missing and were not time-bound.
- The procedure for stock monitoring, ordering and returning medicine required a review as discussed under Regulation 29: Medicines and pharmaceutical services.
- Review of some of the available resources, such as the bedpan washers and practices, to support appropriate infection and prevention control to ensure that residents and staff working in the centre are protected from the risk of infection. This is detailed under Regulation 27: Infection control.

Judgment: Substantially compliant

Regulation 3: Statement of purpose

There was a written statement of purpose that accurately described the service and facilities provided in the centre as required by the regulation.

Judgment: Compliant

Regulation 31: Notification of incidents

Based on a review of incidents and accidents on the computerised system, the inspectors were satisfied that notifications, outlined in Schedule 4 of the regulations, had been submitted to the Office of the Chief Inspector of Social Services as required under Regulation 31.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies and procedures as set out in Schedule 5 were in place and available to all staff in the centre. However, some of the policies incorrectly described the name of the centre, or there was no name of the centre outlined in the policy. The policies for the Prevention and management of cases and Outbreaks of COVID-19 referenced HPSC guidance from June 2022, which was outdated. There were several words missing in the sentences, potentially causing a risk of staff not understanding the policy correctly.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person in charge fulfilled the requirements of the regulations. They had the appropriate experience and qualifications.

Judgment: Compliant

Quality and safety

Overall, residents appeared happy living in the centre and their health, social care and spiritual needs were well catered for. All residents who spoke with the inspector reported that they felt safe in the centre. There were opportunities for residents to meet with the management team and provide feedback on the quality of the service through the residents' meetings, residents' surveys or directly to the staff working in the centre.

The centre had arrangements in place to support the provision of compassionate end-of-life care to residents in line with their assessed needs, wishes and preferences.

Residents with communication issues had access to specialist services, including speech and language therapy, audiology and ophthalmology. However, there were communication care plans missing for two residents with identified communication needs, as discussed under Regulation 10: Communication difficulties.

Ancillary services were of a high standard to maintain a clean and safe environment. For example, the laundry room had a clean-to-dirty work flow, and the housekeeping room was organised and well-maintained.

The inspectors identified other good practices in infection prevention and control. For example, the residents colonised with MDRO's were clearly identified, and their care plans outlined safe care delivery. All staff had received training in infection prevention and control that was appropriate to their role. Staff uniforms were washed and dried in the on-site laundry room and available for staff at the start of their duty. The centre was clean throughout and well-maintained.

Each floor had a sluice room equipped with a machine for disposing of single-use bedpans and urinals. The inspectors found that all these machines were out-of-operation on all floors. To minimise the risk of infection transmission, staff discarded these items in clinical waste bags. The inspectors received assurances on the day and following the inspection that three new machines have been purchased and will be installed in the next three weeks.

Inspectors found that the provider did not fully comply with Regulation 27: Infection control and the National Standards for Infection Prevention and control in Community Services (2018). Weaknesses were identified in infection prevention and control governance, antimicrobial stewardship and the implementation of infection prevention and control standard precautions. Details of the issues identified are set out under Regulation 27: Infection control.

Residents had safe access to medications, which were administered appropriately and in accordance with guidelines as set out by the Nursing and Midwifery Board of Ireland (NMBI). However, a review of some practices regarding medication management was required as discussed under Regulation 29: Medicines and pharmaceutical services.

Residents reported that staff made them feel at home in the centre and that they were treated with dignity and respect. Residents were facilitated to access a varied and inclusive activity programme in the centre. Residents had access to religious services and were supported to practice their religious faiths in the centre. Residents had access to an independent advocacy service. However, an unrestricted access to the centre's garden was required as discussed under Regulation 7: Managing behaviour that is challenging.

Regulation 10: Communication difficulties

The inspectors found that residents who required assistance with their communication needs were supported by staff; however, the inspectors saw that there were no communication care plans in place for two residents who required help with their communication needs.

Judgment: Substantially compliant

Regulation 13: End of life

Residents who were approaching end-of-life care in their last days had appropriate care and comfort based on their needs, which respected their dignity and autonomy and met their physical, emotional, social and spiritual needs. The centre has established links with the palliative care team and general practitioner to ensure all comfort measures are in place.

Judgment: Compliant

Regulation 20: Information for residents

The provider had prepared a guide for residents which contained the requirements of the regulation.

Judgment: Compliant

Regulation 25: Temporary absence or discharge of residents

The inspectors reviewed residents' records and saw that where the resident was temporarily absent from a designated centre, relevant information about the resident was provided to the receiving designated centre or hospital. Upon residents' return to the designated centre, the staff ensured that all relevant information was obtained from the discharge service, hospital and health and social care professionals.

Judgment: Compliant

Regulation 27: Infection control

A number of practices were identified which had the potential to impact on the effectiveness of infection prevention and control within the centre. For example;

- Hand sanitisers were not available at the point of care, and the drip trays were corroded. This would potentially impact on the effectiveness of hand hygiene practices.
- Hand hygiene facilities were not provided in line with best practices and national guidelines. There were a limited number of hand-wash sinks dedicated for staff use in the centre. There was a sign on each floor to say

where the sinks were located, but two of these sinks were dirty and did not conform to the specifications of a clinical hand-wash sink.

- The machine to dispose of single-use bedpans and urinals was out of order on each floor and could lead to cross-contamination of equipment.

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management processes such as storing and disposing of medicines required a review. This was evidenced by the following:

- The room temperature where medicines were stored was not monitored regularly as inspectors saw several gaps in the monitoring book.
- A number of medicines where the length of the prescription expired were not returned to the pharmacy promptly.
- A large amount of medicine assigned for pharmacy return was not documented in the return book as per the centre's policy. The signature of the staff nurse who was returning the medicine was also missing.
- Some of the medications were not labelled with the resident's name and instructions from the pharmacy.
- After the first use, an insulin pen was stored in the fridge, which was not in line with the manufacturing instructions.
- The 'house stock' for medicine was not monitored, and the protocol for emergency stock was not followed up as per the centre's policy.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken all reasonable measures to protect residents from abuse. The centre did not act as a pension agent for any resident. The inspectors saw that the management of residents' petty cash was safe.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The residents colonised with MDRO's were clearly identified, and their care plans included detailed information to ensure personalised care and safe practices.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

The inspectors observed that access to the centre's garden was restricted with the key-fob, which meant that not all residents could freely access the garden when they wanted. This practice did not support a restraint-free environment.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Regulation 14: Persons in charge	Compliant
Quality and safety	
Regulation 10: Communication difficulties	Substantially compliant
Regulation 13: End of life	Compliant
Regulation 20: Information for residents	Compliant
Regulation 25: Temporary absence or discharge of residents	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant

Compliance Plan for Cairnhill Nursing Home OSV-0000755

Inspection ID: MON-0041868

Date of inspection: 21/11/2023

Introduction and instruction

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

This document is divided into two sections:

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

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

A finding of:

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

Section 1

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

Compliance plan provider’s response:

Regulation Heading	Judgment
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>PIC reviewed roles and responsibilities of all clinical and nonclinical staff currently working in the nursing home in line with their job descriptions and statement of purpose to ensure all residents are receiving appropriate care from skilled staff registered with professional bodies. There centre employs 3 supernumary Clinical Managers and an Assistant Director of Nursing who support PIC in clinical governance and provide staff supervision. The centre has a service level agreement with an external professional agency to provide appropriate service to the residents receiving healthcare services in the home and appropriate healthcare professionals works under their guidance in order to continue the plan of care recommended by them. There is a workflow in place to guide all clinical staff from all grades from PIC to nursing staff and another healthcare professional staff. Staff training matrix is regularly reviewed and training provided in line with the regulations and training and development needs of all staff are kept under review. The PIC reports to Clinical Operations Manager who attends the centre regularly and is available by phone and email at all other times.</p> <p>Regulation 23 (c) management systems are in place to ensure that the service provided is safe, appropriate, consistent, and effectively monitored.</p> <p>There is an electronic audit system in place in Cairnhill Nursing Home with a vast array of audits. All audits are completed, and a review of the action plans is being undertaken to ensure necessary actions are completed in a timely manner. Audits are reviewed and approved by PIC and by the Assistant Director of Nursing in his or her absence. PIC and Assistant Director of Nursing will oversee the implementation of these actions with the specified person or department responsible.</p> <p>The center has recently changed its pharmacy provider and a review of medications has been carried out. The procedure for stock monitoring, ordering and returning medicine required has been reviewed.</p>	

Regulation 4: Written policies and procedures	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 4: Written policies and procedures:</p> <p>All policies will be reviewed to ensure compliance policies will be compiled into 2 folders, one specific to Schedule 5. These policies and procedures are made available to all staff and placed at each nurses' station for reading and easy reference. An audit of these policies will also be undertaken to ensure that current guidelines, work practices and other guidance are in date and policies amended where and when required to ensure specific to the center.</p>	
Regulation 10: Communication difficulties	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 10: Communication difficulties:</p> <p>Please see factual inaccuracy.</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>New Macerators in the Sluice rooms on all floors are installed and in use. Staff training scheduled this month and communicated to all staff on each floor to attend. A check of these equipment's will be implemented on a weekly basis to ensure operating efficiently and any issues such as blockage or improper use of the equipment will be addressed immediately. These issues will be recorded in the maintenance logbook.</p> <p>All the drip trays under the hand sanitizers have been replaced.</p> <p>More hand sanitisers been ordered to promote infectionn control from the point of care. PIC consulted with the Registered Provider (CEO) and the clinical team in relation to the need for placement of clinical hand wash basins dedicated for use of staff in the home. PIC will liaise with the Maintenance Manager to discuss locations where placements of</p>	

these sinks are feasible.

Currently Housekeeping audits are completed every three months by Housekeeping Supervisor, following inspection outcome and findings, housekeeping audits will be completed every month and issues identified are communicated to the PIC. Any urgent issues are actioned immediately. Outcomes of audits will also be risk assessed and rated to be able to monitor based on severity of these risks. All sinks have been cleaned and stains removed where possible and these will be scheduled for replacement. Monitoring and informal observations are in place that includes the daily walk about of the PIC /ADON and the Clinical nurse managers. Hand sanitisers stations will be increased and placements of these will be reviewed. Housekeeping to ensure cleaning of drip trays are maintained.

Regulation 29: Medicines and pharmaceutical services

Substantially Compliant

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

Daily room temperature checks are in place, and these will be monitored across all floors by nurses on duty day and night. Monitoring will be implemented and continuously checked by the Clinical Nurse Managers. Where temperatures go above 22°C, Maintenance officer of the home will be notified. All nurses are aware and educated of the temperature storage for each medication and information leaflets are available. For all medications that require fridge storage, these are stored immediately in the fridge upon receipt from the pharmacy. Pharmacist ensures that medications that arrive in the nursing home are kept in its form undamaged or tampered, stored appropriately as per manufacturer's instructions. Any form of medication that has reached above storage temperature will be returned immediately to the pharmacist for replacement, nurses to ensure these medications are not given or administered to the residents. PIC ensures that medications that have gone out of date are returned to the pharmacist for collection, entered on the returns book for tracking purposes. Nurses are informed of these practices that any medications to be returned are signed, inserting comments where necessary. PIC to liaise with the Pharmacist to inform of any medications without labels such as the resident's name, room no, medication and instructions are to be returned for labelling. No nurse is to use any medication and administer to any residents without these labels. PIC will arrange retraining on Medicines Management via HSELand to orientate nurses. All house stock medicines will be monitored. A log is created with the name of the medication in its generic form, expiry date and stock. Daily stock checks by nurses will be implemented. All staff nurses are familiar with the receipt and storage of medication. PIC requests Stand Operating Policies and Procedures from the pharmacy provider (SOP) for the home and for the nursing team to be familiar with. It is mandatory for all nurses that any items received from the pharmacist are stored in appropriate locations, checks the order and confirms receipt of these items. All labels for each medication are checked and clearly identifiable. PIC will ensure that items ordered and delivered have appropriate storage facilities under specific arrangements. Examples –

Non medicated dressings/Medicated dressings, Ostomy products and Catheter items, Shared medicines, Oral Nutrition supplements, Other loose items or medicines such as PRN (as required) medicines supplies. Clinical Nurse Managers will have an oversight of these procedures and systems in place. The clinical fridge is ensure used solely for medications requiring temperatures between 2°C to 8°C and no food or other non-medications items such as lab specimens or reagents are stored. Information regarding storage and what items to keep in the clinical fridge will be created as a reminder for the nurses. A quarterly audit on Medication Management is ongoing. Pharmacy audit have been completed and is ongoing on a 6 monthly basis.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 There is access control to the internal garden which was found to be locked during the inspection.
 A ring bell is in place at the exit door which residents can ring and sounds at reception where there is a press release button for the receptionist to release allowing free access. This area is monitored by a camera at the door which is viewable by the receptionist. The centre is reviewing the access control which is auto locking with a view to removing to locking mechanism during daylight hours.

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 10(2)	The person in charge shall ensure that where a resident has specialist communication requirements, such requirements are recorded in the resident's care plan prepared under Regulation 5.	Substantially Compliant	Yellow	28/01/2024
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Substantially Compliant	Yellow	22/11/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/03/2024

	provided is safe, appropriate, consistent and effectively monitored.			
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	30/06/2024
Regulation 29(4)	The person in charge shall ensure that all medicinal products dispensed or supplied to a resident are stored securely at the centre.	Substantially Compliant	Yellow	31/12/2023
Regulation 29(6)	The person in charge shall ensure that a medicinal product which is out of date or has been dispensed to a resident but is no longer required by that resident shall be stored in a secure manner, segregated from other medicinal products and disposed of in accordance with national legislation or guidance in a manner that will	Substantially Compliant	Yellow	31/12/2023

	not cause danger to public health or risk to the environment and will ensure that the product concerned can no longer be used as a medicinal product.			
Regulation 04(3)	The registered provider shall review the policies and procedures referred to in paragraph (1) as often as the Chief Inspector may require but in any event at intervals not exceeding 3 years and, where necessary, review and update them in accordance with best practice.	Substantially Compliant	Yellow	31/03/2023
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	30/04/2024