



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

Issued by the Chief Inspector

Name of designated centre:	College View Nursing Home
Name of provider:	Aspen Green Limited
Address of centre:	Clones Road, Cavan, Cavan
Type of inspection:	Unannounced
Date of inspection:	28 October 2021
Centre ID:	OSV-0000128
Fieldwork ID:	MON-0033325

About the designated centre

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

College View Nursing home is a purpose built nursing home located in landscaped gardens on an elevated site within the Cavan town opposite St Patrick's College on the Clones Road. The centre is registered to accommodate a maximum of 69 residents, both males and females, over the age of 18 years on a long term and short stay, respite and convalescence basis. The centre provides care for a wide range of age related conditions such as general nursing care for elderly residents, Old Age Psychiatry, dementia specific care, respite care, post operative care and palliative care. The town can be accessed by wide footpaths which have been extended to meet the drive into the nursing home. There are extensive gardens over an acre which include raised flower beds, extensive lawns and secluded sun and patio areas for those residents who like to sit outside.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	63
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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 28 October 2021	09:40hrs to 18:15hrs	Nikhil Sureshkumar	Lead
Thursday 28 October 2021	09:40hrs to 18:15hrs	Nuala Rafferty	Support

What residents told us and what inspectors observed

Overall, inspectors observed that the centre had a relaxed and peaceful environment. Residents told inspectors that they were happy with the care they received in the centre and were observed to be content with the company of staff members. The centre was clean and was well maintained.

On arrival, the inspectors followed the centres' COVID-19 infection prevention and control protocols, including hand sanitising, mask-wearing, recording temperatures, and completing a COVID-19 risk-based questionnaire.

The centre is in a large one storey building, which was well maintained and tastefully furnished and the fabrics of the building have improved since the last inspection. The recently refurbished lobby area of the centre was decorated with a large piano, and the dedicated space for the residents to sit and relax was sufficiently furnished. Residents were found accessing the lobby area, and one resident commented that the facilities had improved in the centre. The inspectors observed that the corridors and bedrooms of the centre had sufficient lighting and ventilation. Dining rooms and seating areas were accessible to residents and visitors, and inspectors observed residents and families accessing the sitting room throughout the inspection.

At the entrance of the centre, signage on visiting restrictions was noticed. However, the clinical nurse manager deputising for the person in charge assured inspectors that visiting had resumed in the centre, and residents and families were already communicated about the arrangements. This notice was removed from the entrance door immediately.

Residents spoke with inspectors, commented that visit restrictions were due to the outbreak status until the day before inspection and confirmed that staff had informed them of the normalisation of visits and that they were looking forward to seeing their families. Some residents commented that they were glad that the centre was now open for visits, and they had to restrict their movements during the outbreak. Some visitors who spoke with inspectors commented that "It is great that the visiting opened, I have my schedule for visits". The service is good now, they have worked really hard, and I know the staff they are all kind and friendly."

On the day of inspection, residents were observed to be appropriately dressed and groomed and seemed to be content and relaxed. Residents who spoke with inspectors said that they were happy in the centre and that they enjoyed the food and going for walks around the garden. However, the inspectors noticed that the indoor garden was only accessible via keypad locks in some units, and residents in those units were required to seek staff assistance to access the gardens.

Residents were complimentary of the care and attention from staff, and told inspectors that the staff were obliging, attended quickly to their needs and were

kind and helpful. Residents said that they felt safe and could talk to staff whenever they wished. Some residents commented, "If I have any concerns that I want to talk about, the senior nurses are here, and I can tell them".

Inspectors observed that the residents' privacy and dignity were respected during care delivery, and assistance was offered discretely and sensitively. For example, inspectors observed staff assisting one resident who needed help with their mobility. Staff were respectful and patient and gave the resident sufficient explanation whilst sourcing the resident's mobility aid so that they could mobilise safely. Staff were heard chatting with residents during the care delivery, offering gentle support and encouragement and banter. The inspectors observed that the atmosphere was friendly and supportive and that residents appeared happy and contented.

Inspectors spent time in communal areas observing interactions and found that staff were respectful and had a good knowledge of residents' likes, dislikes, and backgrounds. Care provided to the residents were observed to be person-centred. For example, staff were observed to chat pleasantly with residents about their interests and family.

Inspectors observed that the staff were courteous to the residents and attended to their needs in time. Some residents commented, "Staff are very kind and helpful. They would always make me a cup of tea no matter the time." "They come when you need them, although sometimes you might have to wait." "Staff are friendly, and they have good knowledge" "When I need help, I call them, and they are great people. They come and help me."

Inspectors observed that residents' rooms were tidy and had sufficient secure storage space for personal clothes and other belongings. All residents had access to a television or radio, and many decorated their bedrooms with their personal items. Personal items displayed near the residents' bed space were neatly arranged to maintain the aesthetics of rooms. Residents told the inspectors that they could choose to spend time where they wished, and some residents spent most of their time in the communal areas, while others preferred to spend time in their bedroom.

The living and dining areas had a homely atmosphere which allowed residents to relax and socialise. Inspectors observed that the television and radio played in the background when residents were in communal rooms and engaged in social activities. Inspectors saw that several activities were planned to take place on the day of inspection. These included crossword puzzles, reading the newspaper and bingo, all of which were regular activities carried out in the centre. The local priest attended the centre, and the residents celebrated Mass in the recently refurbished lobby area. The residents who spoke with inspectors were delighted to be able to attend Mass. However, the inspectors noted that activities were not available on all units in the designated centre, and as a result, not all residents had access to the activities that were organised on the day of inspection.

The food provided in the centre appeared to be wholesome and nutritious. Residents were highly complimentary of the food, stating that they were always offered a choice regarding the food they ate and where they wished to eat their

meals. For example, residents could choose to eat in their bedrooms or the dining or sitting areas. Mealtimes were observed to be relaxed and social occasions. The dining tables were set with crockery and cutlery, and residents confirmed that they enjoyed the meals provided. Some of the residents commented that "The food is good here, I don't have any complaints," "Food is very good all of the time."

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 inspectors found that a number of improvements had been made since the last inspection, and this was verified in the feedback from residents and their families on the day. However, overall findings of the inspection evidenced that the governance and management of the centre require further improvements to bring the designated centre into full compliance with the regulations.

This risk-based unannounced inspection was a follow-up inspection to the non-compliance findings in June 2021 with the Health Act 2007 (Care and welfare of residents in Designated centre for older people) Regulation 2013 (as amended). Inspectors reviewed the actions from the compliance plans of the last inspection and reviewed the information submitted by the provider and the person in charge.

College View Nursing Home is a residential care setting operated by Aspen Green Limited. The management structure consisted of the registered provider representative (RPR), person in charge (PIC), three persons participating in management (PPIMs), including the chief operations officer, and clinical nurse managers (CNM). The recently appointed person in charge was on leave on the day of inspection, and a member of a senior management team who was onsite supported the Clinical Nurse Manager-2 deputising for the person in charge on the day of inspection.

Inspectors acknowledged the efforts made by the registered provider to strengthen the governance and management of the centre, including the recruitment and appointment of the person in charge. Improvements were required to the regulations associated with staffing, training and development, governance and management and written policies and procedures.

The inspectors reviewed the roster and observed care practices on the day of the inspection. Inspectors were not sufficiently assured that there was enough staff on duty to meet residents' health care needs, which is discussed under Regulation 15.

Inspectors reviewed the staff training records, and the arrangements that were in place to ensure staff had access to mandatory training in safeguarding, moving and handling, infection prevention and control and fire safety mandatory training were

kept up-to-date. Training records showed good levels of staff compliance with their mandatory training requirements. However, arrangements to ensure appropriate training for newly recruited staff are required to review and is discussed under Regulation 16.

The inspectors observed that residents signed an agreement for a contact of care on admission. The information about the cost of care and other potential additional costs were available in the contract.

Inspectors reviewed the records of several audits carried out in the centre, including care plan and falls audits. However, inspectors found that the management systems had not identified areas requiring improvements in the centre that the inspectors identified during the inspection. This is discussed under Regulation 23.

The inspectors noticed that the policies and procedures were reviewed in line with the regulatory requirements and were available to staff. However, the staff practices observed on the day of the inspection did not demonstrate that policies and procedures were consistently implemented. For example, several staff had no name badges when they were at work, and some residents informed inspectors that they were not familiar with the new staff in the centre. This was brought to the attention of the provider, and they told inspectors that they were reviewing the current arrangements.

Regulation 15: Staffing

The number and skill mix of staff was not appropriate at all times, and this impacted the care and services provided for the residents. For example:

- At some times during the day, staff were not available to provide supervision of those residents using the communal areas of the designated centre.
- There were not enough staff available at times to ensure that those residents who remained in their bedrooms were checked and had an opportunity to see and chat with a member of staff.
- Rosters showed that on the day of the inspection, a number of short notice absences were not covered, resulting in gaps in the roster and shortages of staff available to provide care and services for the residents. Although the management team had endeavoured to mitigate absences of regular staff using agency relief staff, some gaps remained.

Judgment: Substantially compliant

Regulation 16: Training and staff development

While there was evidence that most of the existing staff had sufficient knowledge and good access to training, several new staff had gaps in their knowledge and had not completed following training:

- Fire safety and evacuation
- Assisting residents with eating and drinking
- Management of a choking incident

Inspectors also noted that some staff would benefit from further training opportunities appropriate to their role. For example, training in the provision and delivery of meaningful activities and dementia specific activities in line with the centre's resident profile.

Judgment: Substantially compliant

Regulation 21: Records

There was a system in place to ensure that the records were kept safe and available in the centre.

Judgment: Compliant

Regulation 23: Governance and management

Even though there were management systems in place, there consolidation and embedding were necessary to ensure that the service provided was always safe, consistent and appropriate to residents' needs. For example:

- Oversight of the implementation of action plans identified following falls analysis was not fully implemented.
- The oversight of the newly implemented nursing documentation systems required improvement to ensure that the nursing documentation is always kept to a high standard.
- The oversight of staff allocation required improvement. For instance, on some occasions, the inspectors found that the calls bells for residents who were in the bedrooms were not within their easy reach. This was of concern for residents who were at risk of falls, were immobile and unable to leave their chairs, or were unable to summon staff assistance due to their cognitive impairment

The oversight of risk management in the centre required review. For example:

- A number of risks identified on inspection were not included in the register

<p>and for which measures were not in place.</p> <ul style="list-style-type: none"> • Risk assessments to identify and manage risks associated with the continued use of equipment assessed as no longer appropriate to meet residents changing needs were not in place. • The management systems had not identified fire safety risks identified by inspectors.
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Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A contract of care for the provision of services was agreed upon admission in respect of each resident. On review of a sample, inspectors found that the contracts were signed by the resident or their next of kin, taking account of the resident's rights. Contracts included all of the information required by the regulations, including the fees.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaint policy available in the centre. The complaint procedure was available and was displayed at various locations in the centre. The complaints received were documented, investigated and the outcomes were communicated to the complainants. An appeal procedure was in place for referral of complainants to, if not satisfied with the outcome of the investigation of their complaints.

Judgment: Compliant

Regulation 4: Written policies and procedures

The inspectors were not assured that staff practices demonstrated the implementation of Schedule 5 policies in a consistent manner;

- Uniform policies were not always implemented in the centre.
- Behavioural records for residents with responsive behaviours were not always maintained in response to responsive behaviours.

Judgment: Substantially compliant

Quality and safety

Overall, the quality and safety of care provided to residents were found to be satisfactory, and residents' needs were met to a good standard. The living environment had improved since the last inspection. The centre was clean and had sufficient signage in place to orientate residents. The care environment had become stimulating and provided opportunities for residents to rest and relax. Improvements were observed in the storage of large furniture and equipment throughout the centre since the last inspection.

There were indoor garden areas available in the centre, and its access was secured with keypad locks. Vegetables and flowering plants were grown in the indoor garden. Where residents in the dementia-specific unit accessed the garden at specific times, the residents in other sections of the centre were required to source assistance from staff in order to access the indoor garden. Small birds were kept in an aviary in the dementia-specific unit, and residents were found spending time near the birdcage and enjoying listening to and watching the birds.

Inspectors found that staff were knowledgeable about the residents' care needs, and the residents received good standards of nursing care and support in the centre. However, some improvements were required to improve the quality of nursing assessment and care plans and these are discussed under Regulation 5. In addition, the inspectors observed that while most residents were facilitated to have appropriate medical reviews, arrangements were not sufficient to ensure this facility was provided for all residents. This is discussed under Regulation 6.

Staff members communicated with the inspectors were knowledgeable regarding their duty to report any past or current concerns for the safety of the residents living in the centre. Some staff who spoke with inspectors demonstrated their commitment as strong advocates on behalf of their more vulnerable residents. However, inspectors observed long periods of time when staff were not available to ensure resident safety and provide a high quality of care delivery, which is discussed under Regulation 23.

Residents stated they were happy with the activities provided in the centre. Daily and regional newspapers were available for residents. Curtain screening was available in all shared rooms. Due to their deteriorating health condition, some of the residents were unable to communicate with the inspector and express their views of the service provided. Those residents who shared their opinions with the inspector were complimentary of the services received. There was evidence that the residents were supported to choose their daily routines, such as getting up or participating in activities. While the inspectors noticed the activities provided for residents as person-centred, the opportunities, however, made available for all residents to participate in those activities required to review and is discussed under Regulation 9.

The centre was COVID-19 free at the time of inspection, and arrangements were in place for residents to receive their visitors in private. Inspectors were told visiting arrangements would remain under review in line with national guidance.

Inspectors noticed that the access to handrails on both sides of long corridors had hugely improved since the last inspection. But handrails in some sections of the corridor were still not accessible to residents, and this was particularly noticed near a cross corridor door in a long corridor where the inspectors observed a large bookshelf and hoists on two sides of the corridor created a potential risk to the residents mobilising in this area. Even though the management team removed the bookshelf blocking the access to handrails on the day of inspection, the storage of hoists along corridors required review to ensure that handrails were accessible at all times so that residents could mobilise safely around the designated centre. This is further discussed under Regulation 17.

The food provided in the centre appeared to be wholesome and nutritious, and the residents highly praised the meals served to them.

Accident and incident records that happened in the centre were recorded and were fully investigated. These were found to be well completed. Neurological observations were recorded post all falls. Inspectors observed staff carrying out safe and appropriate moving and handling practices when assisting residents with their transfers.

Inspectors observed that the fire safety procedures and evacuation plans were prominently displayed, and the records reviewed showed that fire safety training and evacuation drills were carried out regularly. Records showed that fire-fighting equipment, emergency lighting and the fire alarms in the centre were routinely serviced. Records were well maintained and included information about any call-outs or repairs in response to problems identified on routine checks. The inspectors found that all fire exits were clear and unobstructed during the inspection. However, some improvements were required in fire safety management and are discussed under Regulation 28.

Regulation 11: Visits

Visits had to be pre-booked to manage the number of visitors entering the centre and social distancing. Staff informed the inspectors that relatives and friends could attend up to four times per week for hourly visits. Compassionate visits were always facilitated. A record of visitors was maintained to monitor the movement of persons in and out of the building and to ensure the residents' safety and security.

Judgment: Compliant

Regulation 12: Personal possessions

Residents had access to secure personal storage and adequate space to store their clothing and other valuable items. Residents retained control over their personal property and possessions.

Judgment: Compliant

Regulation 17: Premises

Further improvements were required to ensure that assistive equipment such as hoists were not stored along the corridors.

Judgment: Substantially compliant

Regulation 26: Risk management

Risk management policies and procedures, including a risk register, were in place with assessment, evaluation and audit processes. Control measures were put in place where risks were identified, and these were kept under review.

Judgment: Compliant

Regulation 27: Infection control

Inspectors found that infection prevention and control practices were in line with national standards.

The centre had an effective monitoring program of infection prevention and control activities, including audits on infection prevention and control practices and procedures.

In addition, the waste management and environmental cleaning systems that were in place in the centre were found to be effective.

Judgment: Compliant

Regulation 28: Fire precautions

Inspectors were not assured that the centre's fire safety management and fire drills were sufficiently reviewed for their effectiveness. For example:

- Not all staff were knowledgeable on procedures to follow in the event of a fire. For example, some staff did not know the location of the fire panel and were not clear about residents personal evacuation plans. Some residents who spoke with the inspectors said that they were not included in fire safety procedures or evacuation processes and did not know what to do in the event of a fire. This was confirmed by staff in the centre.
- Records to evidence realistic fire evacuation scenarios, including full fire compartment evacuation with night time staffing levels, were not available.
- The personal evacuation plans for some residents were not updated and did not include all of the information to enable staff to evacuate the resident safely in line with their current needs.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

Inspectors observed assessments undertaken for some residents were not comprehensive, and care plans were not fully developed and did not give clear information to guide care. In addition, some care plans were not fully implemented. For example:

- The assessments and care plans to support the management of responsive behaviours of residents did not provide information about the specific care interventions required for individual residents. As a result, staff could become unclear about what to do if a resident presented with responsive behaviours.
- Falls prevention plans and positioning of fall mats had not been implemented for some residents who were at risk of falls.

Judgment: Substantially compliant

Regulation 6: Health care

Records showed that not all residents had access to regular medical reviews in line with their health needs. The record of the GP review suggests that some residents

were not reviewed for more than a year, other than for administering the flu vaccines.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

Staff spoken with inspectors had up-to-date knowledge appropriate to their roles to positively react to responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment).

Judgment: Compliant

Regulation 8: Protection

Staff had received training in the protection of residents and knew how to support residents and respond to abuse appropriately. All reasonable measures were taken to protect residents from abuse. This included having appropriate policies and procedures that staff understood and implemented. Residents told the inspectors that they felt safe in the centre, and this view was held by family members who spoke with the inspectors. Residents said that if they had any concerns, they would report them to any of the staff.

Judgment: Compliant

Regulation 9: Residents' rights

On the day of the inspection the inspectors observed a number of residents who had not received the opportunity to engage in any meaningful occupation or recreation throughout the day.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 21: Records	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
Regulation 34: Complaints procedure	Compliant
Regulation 4: Written policies and procedures	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 26: Risk management	Compliant
Regulation 27: Infection control	Compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for College View Nursing Home OSV-0000128

Inspection ID: MON-0033325

Date of inspection: 28/10/2021

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <ul style="list-style-type: none"> • College View will continue with their practice of using evidence based assessment tools to review the needs of the residents who live in College View and the staffing requirements appropriate to the needs of the residents who live there. • College View will continue with it's recruitment plan and strategy. • The majority of vacancies have been filled since the inspection. 	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <ul style="list-style-type: none"> • All staff have access to a blended learning approach to training and development, including face to face training and an online platform which is available to all staff. • An audit of the training matrix will be completed. 	
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"> • 'LEAF' system implemented in home to alert staff of any resident at risk of falls. • Falls audit tool implemented and completed on any resident who has a fall. • Falls training through online education portal delivered to all staff and supported by informal education sessions. • Falls committee commenced. • Care plan audit completed and training to be delivered to all staff on care planning. • Risk register reviewed and updated. 	
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> <ul style="list-style-type: none"> • Review completed of policies around Uniforms and Managing Behaviors that challenge. Updated policies communicated to all staff. • Informal education delivered to staff on the importance of accurate documentation. • Audit to be completed on documentation for behaviours that challenge. 	
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"> • Ongoing review of any additional storage requirements within the centre. 	

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:</p> <ul style="list-style-type: none"> • Fire training has been delivered to all staff. • Timed compartmental evacuations were completed by all staff including night staff. • Weekly fire drills are being conducted for all staff. • All PEEPs have been updated for each resident and are regularly reviewed by the Person in Charge. • Schedule of works updated to include any identified work required on equipment or facilities within the home • Ongoing request of residents to be involved in fire training where possible. To be discussed at resident's forum. 	
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"> • Care plan audit completed and findings fed back to all staff with amendments and improvements implemented. • Ongoing review of all assessments completed for residents by the management team. • Weekly audit completed on the use of falls mats for all residents at risk of falls. 	
Regulation 6: Health care	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 6: Health care:</p> <ul style="list-style-type: none"> • GPs attend College View weekly and are available to review any resident. College View will continue to ensure that each resident has access to healthcare services of their choice. 	

Regulation 9: Residents' rights	Substantially Compliant
Outline how you are going to come into compliance with Regulation 9: Residents' rights: <ul style="list-style-type: none">• Audit undertaken on all activities delivered in the home.• An activities committee has been developed to support the suggestions and preferences of residents in future activities schedule.• Team approach to the delivery of activities for residents encouraged, with all care staff delivering a variety of activities.	

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 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2022
Regulation 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	31/01/2022
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	31/01/2022
Regulation 23(c)	The registered	Substantially	Yellow	28/02/2022

	provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Compliant		
Regulation 28(1)(a)	The registered provider shall take adequate precautions against the risk of fire, and shall provide suitable fire fighting equipment, suitable building services, and suitable bedding and furnishings.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)(c)(ii)	The registered provider shall make adequate arrangements for reviewing fire precautions.	Substantially Compliant	Yellow	31/12/2021
Regulation 28(1)(e)	The registered provider shall ensure, by means of fire safety management and fire drills at suitable intervals, that the persons working at the designated centre and, in so far as is reasonably practicable, residents, are aware of the procedure to be followed in the case of fire.	Substantially Compliant	Yellow	31/12/2021
Regulation	The registered	Substantially	Yellow	31/12/2021

28(2)(iv)	provider shall make adequate arrangements for evacuating, where necessary in the event of fire, of all persons in the designated centre and safe placement of residents.	Compliant		
Regulation 04(1)	The registered provider shall prepare in writing, adopt and implement policies and procedures on the matters set out in Schedule 5.	Substantially Compliant	Yellow	01/12/2021
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Substantially Compliant	Yellow	31/01/2022
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	31/01/2022
Regulation 6(1)	The registered provider shall,	Substantially Compliant	Yellow	31/01/2022

	having regard to the care plan prepared under Regulation 5, provide appropriate medical and health care, including a high standard of evidence based nursing care in accordance with professional guidelines issued by An Bord Altranais agus Cnáimhseachais from time to time, for a resident.			
Regulation 9(2)(a)	The registered provider shall provide for residents facilities for occupation and recreation.	Substantially Compliant	Yellow	31/01/2022
Regulation 9(2)(b)	The registered provider shall provide for residents opportunities to participate in activities in accordance with their interests and capacities.	Substantially Compliant	Yellow	31/01/2022