



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

## Issued by the Chief Inspector

Name of designated centre:	Beechwood House Nursing Home
Name of provider:	Beechwood House Nursing Home Limited
Address of centre:	Rathnaneane, Newcastle West, Limerick
Type of inspection:	Unannounced
Date of inspection:	29 June 2023
Centre ID:	OSV-0000409
Fieldwork ID:	MON-0040421

## About the designated centre

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

Beechwood House Nursing home is a two storey premises situated in the town of Newcastle West close to all local amenities. The premises has been substantially renovated and largely extended since it was first built and now provides accommodation for up to 67 residents in a mixture of single and twin en-suite bedrooms. Communal accommodation consists of numerous spacious lounges, two dining rooms and a conservatory area. There are two enclosed garden areas for residents use which can be easily accessed from the centre. The centre is a mixed gender facility that provides care predominately to people over the age of 65 but also caters for younger people over the age of 18. It provides care to residents with varying dependency levels ranging from low dependency to maximum dependency needs. It offers care to long-term residents and short term care including respite care, palliative care, convalescent care and dementia care. Nursing care is provided 24 hours a day, seven days a week supported by General Practitioner (GP) services. The centre employs a full time physiotherapist, two activity co-ordinators and occupational therapy services one day per month. A multidisciplinary team is available to meet residents additional needs. Nursing staff are supported on a daily basis by a team of care staff, catering staff and household staff.

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

Number of residents on the date of inspection:	58
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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 29 June 2023	09:00hrs to 17:00hrs	Rachel Seoighthe	Lead

## What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live and that staff were kind and considerate. Residents were observed to be content and relaxed in the company of staff. Interactions between staff and residents were meaningful and unhurried. Although some actions were needed to bring the premises into compliance with the regulations, the centre environment was homely and welcoming.

Following an introductory meeting with members of the management team, the inspector spent time walking through the centre providing the opportunity to meet with residents and staff. At this time, some residents were observed sitting in communal areas, while others were in the process of getting ready for the day. The inspector observed staff respected resident privacy by knocking on doors before entering a residents room, and signage was in place to alert staff and visitors when care was in progress. Staff confirmed that residents' personal routines were respected. The inspector observed staff being responsive and attentive to residents' requests, and staff appeared to be knowledgeable of residents' individual needs and preferences.

Beechwood House Nursing home is situated in the town of Newcastle West, Co Limerick. The premises is laid out of three floors with stairs and passenger lift access between each floor. The designated centre is registered to provide care for a maximum of 67 residents. There were 58 residents living in the centre on the day of this inspection, many of whom were from the locality and expressed their satisfaction with being able to continue to live in the community they were familiar with and had originally lived in. All residents spoken with were complimentary of the staff and the care they provided.

Although there were some areas of the premises which were in need of maintenance and repairs, the general environment of the centre was clean and tidy. There were a variety of communal rooms available such as a prayer room, a library and a number of spacious sitting and dining rooms. Residents' accommodation was arranged in twin and single bedrooms. Bedrooms appeared to be clean and spacious, and most residents had personalised their bedrooms with photographs, memorabilia and furnishings from home. Residents that spoke with the inspector were happy with the size and layout of their bedrooms and felt that they had sufficient space to store or display their personal belongings. All communal bathrooms and toilets viewed by the inspector were of a good size, however the inspector observed that one communal bathroom was not accessible to residents, as it was being used to store assistive equipment such as hoists.

The corridors in the centre were long and wide and provided adequate space for walking. The inspector observed that corridor walls were brightly painted and they were decorated with artwork and photographs of resident events. The inspector observed a well maintained, enclosed courtyard area which was purposefully

decorated with brightly coloured flowers and ornaments, to encourage residents' interest. The inspector observed this area in use by residents throughout the day. The inspector also observed that there was a separate, secure courtyard which served as the designated resident smoking area. There was an ongoing programme of maintenance and the inspector observed that the dining room on the first floor was being redecorated on the day of the inspection. The inspector also viewed a large dining room on the ground floor, which provided adequate space for residents to enjoy their meals. All residents spoken with said that the food provided was 'very good'. Residents were observed having their meals in their bedrooms if they wished and enjoying regular snacks and refreshments between meals, which were delivered by catering staff at set intervals throughout the day.

Two staff members were assigned to the provision of activities for residents and a detailed activity plan was in place. This included one-to-one activities, group activities and outings. The inspector heard positive comments about arranged outings to the Novena and a resident told the inspector that they really enjoyed a recent trip to Ballybunion, as it reminded them of childhood holidays. The inspector observed a lively karaoke session in one communal sitting room after lunch and many residents appeared to be engaged and enjoying this activity. The inspector observed that residents who did not wish to participate were provided with alternative activities. The inspector spoke with a resident who expressed that they did not like to sing and the inspector observed that staff assisted the resident on a walk outside as an alternative activity. The inspector observed that residents in another sitting room were taking part in an art class with the support of staff. The inspector also spoke with residents on the ground floor who spent the afternoon independently and they expressed that this was their preference. A number of residents' were watching television and two residents were napping peacefully on sofas in communal rooms. The atmosphere was very relaxed and residents appeared to be extremely comfortable in their environment.

The next two sections of the report will discuss the findings of the inspection under the regulations set out under the capacity and capability and quality and safety headings.

## Capacity and capability

This was an unannounced risk inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in designated Centres for Older People) Regulations 2013 as amended. The inspector followed up on the provider's compliance plan response to the previous inspection in June 2022. The inspector found that, on this inspection, there were management systems in place to ensure that the service provided was safe appropriate, consistently and effectively monitored. However, more focus was required to ensure that the effectiveness of quality improvement plans was reviewed by the management team. In addition, while the majority of actions from the previous inspection had been addressed,

further improvements were required to bring the designated centre into full compliance with the regulations.

Beechwood Nursing Home Limited was the registered provider for this designated centre. A company director represented the provider entity and worked full-time in the centre. The nursing management team consisted of the person in charge and an assistant director of nursing who provided oversight to a team of clinical nurse managers, nurses, health care assistants, activity co-ordinators, housekeeping and catering staff. The assistant director of nursing worked in a supernumary role and they deputised in the absence of the person in charge.

There were communication systems in place and the inspector viewed records of weekly management meetings in relation to the operation of the service as well as regular meetings with the various staff teams. Records of meetings viewed by the inspector detailed the attendees and the agenda items discussed which included infection control, staff training, auditing, incidents and resident care needs. Actions agreed were recorded. There was an auditing system in place to monitor the quality and safety of the service. Records viewed by the inspector showed that while most audits completed effectively identified improvements, increased oversight of quality improvement plans was required to ensure they were implemented effectively. For example, results of call bell audits repeated on various dates in May showed that the action taken to address excessive call bell response times was ineffective, however, this had not been identified or addressed by the management team. Furthermore, there was no evidence that improvement actions identified from a medication management audit had been completed.

The inspector reviewed a sample of residents' contracts of care. Each contract reviewed included the terms on which the resident was residing in the centre, including a record of the room number and occupancy of the bedroom in which the resident would be accommodated. Contracts detailed the services to be provided and the breakdown of fees for such for such services.

A sample of staff files were examined and they contained all of the requirements as listed in Schedule 2 of the regulations. Vetting disclosures, in accordance with the National Vetting Bureau (Children and Vulnerable Persons) Act 2012, were in place for all staff.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. There was evidence that incidents were reviewed and managed. Notifications required to be submitted to the Chief Inspector were done in accordance with regulatory requirements.

Residents' views on the quality of the service provided were sought through resident meetings. An annual report on the quality of the service had been completed for 2022 which had been completed in consultation with residents, and had set out the service's level of compliance, as assessed by the management team.

The provider acted as pension agent for a small number of residents and there were appropriate procedures in place to manage this.

### Regulation 15: Staffing

On the day of the inspection, there was sufficient nursing and care staff on duty with appropriate knowledge and skills to meet the needs of the residents and taking into account the size and layout of the designated centre. There were at least two nurses on duty at all times.

Judgment: Compliant

### Regulation 16: Training and staff development

There was evidence of a comprehensive staff training programme in place. Training records showed that staff had completed mandatory training in safe-guarding and patient moving and handling.

There was evidence that staff were supervised by the nursing management team.

Judgment: Compliant

### Regulation 23: Governance and management

There were management systems in place to oversee the service and the quality of care, which included a programme of auditing in clinical care and environmental safety. Some improvement was required to ensure that that effectiveness of quality improvement plans completed was reviewed by the management team.

The system in place to manage risk was not fully effective. The processes to ensure all risks and hazards in the centre are appropriately identified and have controls in place to mitigate adverse outcomes for vulnerable residents and others required improvement. For example,

- The inspector found that risks in relation to fire safety were not addressed and effectively mitigated. This was evidenced by findings as detailed under Regulation 28.

In addition, the auditing system in place to monitor the service did not always include a detailed action plan to address the identified risk.

Judgment: Substantially compliant

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

The inspector reviewed a sample of residents' contracts of care. Each resident had a contract in place in line with the requirements of Regulation 24.

Judgment: Compliant

### Quality and safety

Overall, residents were supported and encouraged to have a quality of life which was respectful of their wishes and choices. There were many opportunities available for social engagement and staff were observed to be respectful and kind towards the residents. However some improvements were required to ensure that the quality and safety of care being delivered to residents was consistently managed to ensure the best possible outcome for residents. In particular, actions were needed to bring fire precautions, premises, infection prevention control and care planning into full compliance.

Residents' health care needs were met through regular assessment and review by their general practitioner, as evidenced by a sample of residents' records reviewed. Residents were also referred to health and social care professionals such as dietician services, physiotherapy, occupational therapy, and speech and language therapy as needed. Where changes to treatment were recommended following a review by the GP or health and social care professional, these changes were appropriately updated within the resident's care plan. Residents' hydration and nutrition needs were assessed, implemented and regularly monitored. Residents who were assessed as being at risk of dehydration, malnutrition or with swallowing difficulties had appropriate access to a dietician and to speech and language therapy specialists. Residents requiring specific, modified or fortified diets were provided with meals and snacks prepared as recommended.

The centre had an electronic resident care record system. Pre-admission assessments were undertaken by the person in charge to ensure that the centre could provide appropriate care and services to the person being admitted. A range of validated nursing tools were in use to identify residents' care needs. The inspector viewed a sample of residents files with a range of needs and found that, while the majority of care plans were person-centred, some care plans reviewed were not updated to ensure that outdated information which was no longer relevant

had been removed. For example, a number of visiting care plans had not been updated to reflect current national guidance in relation to COVID-19 and the content of care plans did not reflect the arrangements in place. Furthermore, in some cases, care plans were not completed within 48 hours of the resident's admission, as required by the regulations. This posed a risk of delay in identifying and meeting residents' needs. For example, not all residents had a social care plan in place and this did not ensure that their social care preferences and needs would be met. This is discussed further under Regulation 5: assessment and care planning.

There were systems in place to mitigate the risk of fire. The registered provider had commissioned a fire safety risk assessment which was completed in April 2023. The fire safety action plan was being progressed by the provider at the time of this Inspection. Fire doors and fire alarms were tested on a weekly basis. Records showed that fire fighting equipment, the fire alarm system and emergency lighting system had been serviced within the required time frames. However, further action was required to ensure that there were sufficient arrangements in place for the safe evacuation of residents in the event of a fire emergency. This is discussed under Regulation 28: Fire Precautions.

The inspector found that the provider completed refurbishment works to some furnishings and decor had been enhanced to improve the lived environment for the residents. However, further actions were necessary to bring the premises into compliance and are discussed under Regulation 17: Premises.

Infection prevention and control measures were in place and monitored by the person in charge. There was evidence of good practices in relation to infection control, for example the monitoring of multi-drug resistant infections (MDROs). There was evidence that this information was communicated to the staff team and house-keeping who spoke with the inspector demonstrated good knowledge of infection control practices. However, further oversight was required in relation to infection control practices. This is discussed under Regulation 27: Infection control.

There was a restraint policy in place. However, documentation relating to restrictive practices was not always managed in accordance with this policy and the national restraint policy guidelines. This is discussed under Regulation 7: Managing behaviour that is challenging.

Residents were facilitated to practice their religious beliefs. There was a prayer room available for resident use and catholic mass was held on a weekly basis. There was evidence that residents were consulted with and were supported to participate in the organisation of the centre. A review of meeting records showed that resident meetings were convened on a quarterly basis. Records viewed by the inspector showed that residents were invited to discuss or provide feedback on items such as activities, their accommodation, food and visiting arrangements. Action plans were developed and completed in response to any feedback received. Meeting records showed that residents were satisfied with the service. Surveys were also conducted with residents to ascertain their level of satisfaction with the service.

The provider had systems in place to ensure that residents were protected from the

risk of abuse. There were appropriate pension agent arrangements in place.

The inspector found that the registered provider had ensured that visiting arrangements were in place for residents to meet with their visitors as they wished.

### Regulation 11: Visits

Visits by residents' families and friends were encouraged, and practical precautions were in place to manage any associated risks to ensure residents were protected from risk of infection.

Judgment: Compliant

### Regulation 17: Premises

The following findings were not in line with Schedule 6 of the regulations;

- A number of ceiling tiles appeared damaged and some were not in place.
- There was visible damage to a small area of the ceiling in the prayer room.
- A number of wall tiles in a communal bathroom were cracked and in need of replacement.
- A feature wall mural in a communal day room was visibly damaged.
- There was inadequate storage for hoists in the centre and the inspector observed three hoists stored in a resident's communal bathroom, this posed a risk of falls and cross contamination.
- Paint was scuffed on a number of wall surfaces in a number of resident bedrooms. This meant that these surfaces could not be effectively cleaned.
- Paintwork was chipped and missing from safety grab rails in one communal toilet and these surfaces could not be effectively cleaned.

Judgment: Substantially compliant

### Regulation 27: Infection control

While the provider had some measures and resources in place to manage infection prevention and control in line with national standards and guidance, a number of actions are required by the provider in order to comply with this regulation;

- Equipment drying racks and drip collection trays were not available two sluice

rooms.

- An equipment drying rack in one sluice room was rusted and this did not support effective cleaning.
- Hoist slings were observed to be stored on a hoist and not returned to a residents room after use. This posed a risk of cross infection.

Judgment: Substantially compliant

## Regulation 28: Fire precautions

A record of simulated emergency evacuation drills was not available to provide assurances regarding residents' timely evacuation to a place of safety from the centre's largest compartments with the lowest staffing levels, to ensure that residents could be safely evacuated with these staffing levels. Records of emergency evacuation drills were submitted by the provider following this inspection.

A small number of staff required up-to-date fire safety training. The provider gave assurances that this training had been scheduled to take place the week after the inspection.

Judgment: Substantially compliant

## Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of residents' care documentation and found that a number of care plans were not updated to ensure that outdated information which was no longer relevant had been removed. Additionally, some pertinent information in relation to residents had not been added to their care plan, for example;

- A resident's pain care plan had not been revised to reflect current arrangements regarding use of pain relief. This posed a risk that this information would not be communicated to all staff.
- A plan care plan developed to inform one resident's behavioural support needs did not identify potential behavioural triggers therefore, there was a risk that this pertinent information would not be communicated to all staff caring for the resident.
- Although meaningful activities assessments were completed, social care plans had not been developed for two residents and this did not ensure their social care needs would be communicated to all staff.

Judgment: Substantially compliant

### Regulation 6: Health care

Residents had access to a general practitioner (GP) of their choice. GPs visited residents in person and were contacted and made aware if there were any changes in the resident's health or well being. Physiotherapist services were available on a full time basis in the centre. Allied health professionals such as occupational therapy, speech and language therapy, and tissue viability nurse were made available to residents, either remotely or on-site, where appropriate.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

The management of restrictive practices required increased oversight to ensure they were used in accordance with local and national policy. For example:

- A number of bed rail risk assessments reviewed did not detail the rationale for implementing use of the bedrail.
- Records viewed by the inspector indicated that the decision to use bed rails was made by a third party, on behalf of two residents.

Judgment: Substantially compliant

### Regulation 8: Protection

Measures were in place to safeguard residents from abuse, and residents confirmed that they felt safe in the centre. Staff had completed up-to-date training in the prevention, detection and response to abuse.

Judgment: Compliant

### Regulation 9: Residents' rights

The centre had dedicated staff responsible for the provision of activities. There were

facilities for residents to engage in recreational and occupational opportunities.

Residents had access to radio, television and newspapers, and to the internet.

Residents were supported to exercise choice in relation to their daily routines. Resident meetings were held on a regular basis. There was an independent advocacy service available in the centre.

Judgment: Compliant

## Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
<b>Capacity and capability</b>	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

# Compliance Plan for Beechwood House Nursing Home OSV-0000409

Inspection ID: MON-0040421

Date of inspection: 29/06/2023

## 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>Risks in relation to fire safety were and actioned post inspection as follows:</p> <p>On 5th July - A simulated emergency evacuation drill was held with night staff. Fire training and simulated evacuation drills are held on a monthly basis, facilitated by Amber Safety: the last training session prior to the inspection was held June 11th, and again July 18th .</p> <p>Monthly simulation of emergency evacuation drills, (of the largest compartment), will be held with night duty staff, with the lowest staffing levels to ensure residents, in the event of an emergency, could be evacuated safely. Next evacuation drill simulation to be carried out on August 1st.</p> <p>The auditing system has been reviewed and discussed at the staff nurses and ADON/CNM's meeting.</p> <p>Monthly auditing and effective actioning of areas requiring same, will be monitored closely by the DOC and discussed at weekly governance and monthly nurse management meetings.</p> <p>Identification of risks and hazards will continue on an ongoing basis to ensure an effective system in place to manage risks in the home.</p>	
Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:  
Post inspection, discussions were held at the governance meeting and the areas requiring action were actioned as follows:

All ceiling tiles have been assessed and any identified as damaged have been replaced.

Ceiling tiles that were not in place have also been replaced.

Completed July 31st 2023.

The small area of the ceiling in the prayer room has been repaired on the day post inspection – Completed June 30th 2023.

Wall tiles in a communal bathroom to be replaced – by 4th August 2023

As part of the homes redecoration and painting schedule a wall mural was removed from a communal day room – completed July 10th.

Also, as part of our annual improvement plan which commenced in April 2023, All communal rooms are now complete and bedroom wall surfaces and bedrooms are being prepared, and cleaned for painting, as per the 2023 redecoration schedule – all due for completion by 30th September 2023.

The Grab rail identified in one communal toilet has been cleaned and painted post inspection on July 1st 2023.

The management team will monitor and discuss, at weekly governance meetings, the completion of action plans from ongoing auditing, from w/c 3rd July 2023.

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

We will ensure that procedures consistent with standards for prevention and control of infection are implemented by staff.

Equipment drying racks and collection tray have been ordered for the sluice room and an equipment drying rack has been ordered and will be replaced promptly to ensure effective cleaning in place, to be completed by 15th August 2023.

Monthly I.P.C auditing will continue and the homes IPC Link practitioner will monitor IPC measures on an ongoing basis.

Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions:          Actions required post inspection to ensure there are sufficient arrangements in place for the safe evacuation of residents, in the event of a fire emergency, from the largest compartments of the home, have been immediately implemented.          On 5th July - A simulated emergency evacuation drill was held with night staff.</p> <p>Fire training and simulated evacuation drills are held on a monthly basis, facilitated by Amber Safety: the last training session prior to the inspection was held June 11th, and also July 18th          Monthly simulation of emergency evacuation drills, (of the largest compartment), will be held with night duty staff, with the lowest staffing levels to ensure residents, in the event of an emergency, could be evacuated safely. Next evacuation drill simulation to be carried out on August 1st.</p>	
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:          The residents assessments and care plans were immediately reviewed and actions implemented as much as was possible, on the day of inspection to ensure that all residents had appropriate plans of care in place.          Residents visiting and I.P.C care plans were reviewed and updated reflecting the current national guidance, (inclusive of covid -19 arrangements).</p> <p>A resident's pain care plan, identified on day of inspection, as requiring revision, was immediately revised and updated as per his pain management protocol in place for him, ensuring that all residents have care plans based on comprehensive assessments.</p> <p>Care plans and social care plans identified for two residents were immediately completed on the day of inspection, June 29th, as the information had been previously gathered.          All resident individual assessments and care plans have been reviewed by management and are discussed at staff meetings and handovers.</p> <p>Staff nurse meeting with new staff held post inspection.          The management team complete care plan orientation with new nursing staff on the electronic risk management system.          New nursing staff are requested to complete care plan training.</p>	

Care plan auditing continues and will be discussed at Governance and Staff Nurse Meetings.

Regulation 7: Managing behaviour that is challenging

Substantially Compliant

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

Management of restrictive practices were reviewed post inspection and discussed with staff nurses at the nurses meeting.

A more detailed and appropriate "Use of bedrail and enabler risk assessment tool" was created and completed (week commencing 24th July).

Bedrail risk assessments requiring additional detail and information, were created and updated, inclusive of the rationale for implementing bedrails and the inclusion of the resident and Multidisciplinary team in the decision and agreement for the use of any restrictive practice.

Staff training on "Use of restrictive practices" training is ongoing and discussed with staff daily.

## Section 2:

### Regulations to be complied with

The provider or person in charge must consider the details and risk rating of the following regulations when completing the compliance plan in section 1. Where a regulation has been risk rated red (high risk) the inspector has set out the date by which the provider or person in charge must comply. Where a regulation has been risk rated yellow (low risk) or orange (moderate risk) the provider must include a date (DD Month YY) of when they will be compliant.

The registered provider or person in charge has failed to comply with the following regulation(s).

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/09/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	18/07/2023
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare	Substantially Compliant	Yellow	15/08/2023

	associated infections published by the Authority are implemented by staff.			
Regulation 28(1)(d)	The registered provider shall make arrangements for staff of the designated centre to receive suitable training in fire prevention and emergency procedures, including evacuation procedures, building layout and escape routes, location of fire alarm call points, first aid, fire fighting equipment, fire control techniques and the procedures to be followed should the clothes of a resident catch fire.	Substantially Compliant	Yellow	18/07/2023
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	Substantially Compliant	Yellow	05/07/2023

	followed in the case of fire.			
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	29/06/2023
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	29/06/2023
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	26/07/2023