



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

Issued by the Chief Inspector

Name of designated centre:	Holy Ghost Residential Home
Name of provider:	Holy Ghost Hospital Board of Trustees
Address of centre:	Cork Road, Waterford
Type of inspection:	Unannounced
Date of inspection:	28 June 2023
Centre ID:	OSV-0000591
Fieldwork ID:	MON-0040624

About the designated centre

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

The Holy Ghost Residential Home is a single-storey purpose built centre that includes various renovations and extensions which have taken place over the years to enhance the living spaces for residents. It contains 60 single bedrooms with full en-suite bathrooms. Communal accommodation consists of a large communal sitting room called the concourse. A large dining room is located beside a well-equipped kitchen and a second sitting room is across the corridor. Other communal areas includes a fully furnished oratory, a library, a comfortable furnished foyer, a smoking room and a hairdressing room. There are also additional seating areas along some corridors. There is an enclosed garden in the centre of the building and other outdoor spaces are available including walkways at the front of the building.

The Holy Ghost is a residential setting catering for residents to live independently with supportive care. The emphasis is on home-style living where each resident has their own room/living space. The Holy Ghost residential home does not provide 24-hour nursing care but a registered general nurse is responsible and accountable for the daily running of the home. This supportive independent care model is reflected in the staffing structure which is household, catering and caring staff as in the community setting.

The centre is located in Waterford city in close proximity to the city centre and to public transport networks.

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
Wednesday 28 June 2023	10:00hrs to 18:45hrs	John Greaney	Lead

What residents told us and what inspectors observed

There was a person-centred approach to care in Holy Ghost Residential Home. Staff were observed by the inspector to be kind and caring towards residents, while ensuring that independence and freedom of choice were promoted. The inspector met with the majority of residents over the course of the inspection to ascertain their opinion on life in the centre. Residents were overwhelmingly complimentary of staff and of the standard of care provided.

The inspector arrived unannounced in the morning of the inspection. On arrival the residents were seen to be going about their business and chatting with other residents. The inspector met with the person in charge for an introductory meeting and then went on a tour of the premises. During the walkaround the inspector observed a friendly, relaxed and calm atmosphere. The design and layout of the centre supported the independent lifestyle of residents.

Holy Ghost Residential Home accommodates residents that have been assessed as low dependency and are supported by staff to live as independently as possible. It is a single storey facility that comprises 60 single bedrooms, all of which are en suite with shower, toilet and wash hand basin. In addition to residents' bedrooms there is one staff sleepover room and a visitor's sleep over room, both with en-suite facilities. The centre has secure outdoor space that is readily accessible to residents and is furnished and landscaped. On the day of the inspection the outdoor area was in need of some attention such as the removal of weeds and grass from the patio area. There are a number of communal areas that include a library, a lounge, a visitors' room, a smoking room and a chapel. There is a hairdressing room and a hairdresser visits the centre on a weekly basis.

All bedrooms are single occupancy and are of adequate size and layout to accommodate a bedside locker and armchair. Residents were encouraged to personalise their bedrooms and the inspector saw this had occurred to various degrees with photographs, furniture and ornaments, based on each resident's individual preferences. Bedrooms had televisions with a basic suite of local television channels. Residents were supported to access satellite channels, should they so wish but they are liable for the costs associated with this service. Residents had good wardrobe space for storage and hanging their clothes.

The main sitting room is called the "Concourse", an area where all wings of the centre intersect. This is a large room containing a television and multiple armchairs. This area is bright and suitably furnished. There is a small in the corner of the room to provide additional privacy should residents choose to meet with their visitors here. The main fire alarm panel is located in this area.

There is a large dining room that was full to capacity at mealtimes. An adjacent lounge is also used as a dining room. All residents come to the dining rooms for meals. It was clear that mealtimes were social occasions and provided opportunities

for residents to chat with each other but also to connect and chat with staff. The inspector observed light-hearted banter and positive, respectful interactions between residents and staff. It was clear that staff had good knowledge of individual residents, including their interests and family connections. Residents came and went from the various communal rooms throughout the day with opportunities to spend time alone in their bedrooms, should they so wish. Residents said that they were free to come and go as they wished but most said that they preferred not to leave the centre unaccompanied and trips out were usually with family members.

The inspector observed that staff were visible on the floor, tending to the residents' care needs. It was clearly evident that staff knew residents well and were observed to treat residents with kindness and respect. Residents were seen to be content and relaxed in the company of the staff.

Residents spoken with said they were very happy with the activities programme in the centre. Residents' views and opinions were sought through resident meetings and satisfaction surveys. Residents told the inspector that they could approach any member of staff if they had any issue or problem to be solved. Residents felt that the person in charge and all of the staff were very good at communicating changes, particularly relating to their medical care needs.

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

This was an unannounced risk inspection which took place over one day for the purpose of monitoring ongoing compliance with the regulations. There was a commitment to promoting a rights-based approach to care where the resident was central to service delivery. Some improvements, however, were required in relation to management systems to ensure that areas identified were addressed within relevant time lines.

Holy Ghost residential Home is a residential care setting operated by Holy Ghost Hospital Board of Trustees. Membership of the board comprises a number of volunteers. The centre is a low-dependency supported care home and is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The dependency level of residents is monitored and when it is determined that care needs are beyond what can safely be provided in the home, residents are assisted in the process of finding more suitable accommodation, usually a nursing home. The centre is registered to accommodate 60 residents. There were 58 residents living in the centre on the day of the inspection.

The chairperson of the board is the registered provider representative. The person in charge works full time and is responsible for oversight of clinical issues. The secretary to the board is called a superintendent and is usually present in the centre for three days each week. The person in charge interacts with the superintendent on an almost daily basis and reports formally to the board at monthly board meetings. The person in charge is supported on site by an assistant manager, nurses, multi-task attendants, catering staff, and an administrator.

The centre had adequate systems in place to monitor the ongoing quality and safety of the care delivered to residents. The management team undertook a regular schedule of audits. The person in charge regularly collates data including accidents and incidents, medication errors, complaints, infection control issues, wounds and occupancy. Due to the low dependency level of the residents, incidents and accidents were not a regular occurrence, however, the person in charge maintained clear records, and conducted investigations and reviews when incidents did occur. Action, however, was required in relation to governance and management, particularly in implementing required actions identified to be addressed relating to fire safety management systems. This is outlined in more detail under Regulation 23 of this report.

The inspector found that there were adequate staff rostered during the day to meet the low-dependency needs of the residents. The person in charge provided nursing cover from 09:00 to 17:00 from Monday to Friday. There was also a staff nurse that worked from 08:00 to 20:00 on three days each week. This facilitated the person in charge with dedicated time to complete tasks associated with her management role, such as audits.

There was a registered nurse on duty from 08:00 to 13:00 on Saturday and Sunday. There was also a nurse on duty overnight from 20:00 to 07:30 each night. The nurse on night duty was supported by a multi-task attendant (MTA) that worked at the beginning and end of the night shift and was available during the intervening period in the staff sleepover room, should they be required. Night time staffing levels had been enhanced following the last inspection as a risk-based response to fire safety issues identified on that inspection. These measures had been removed without in advance of the provider adequately risk assessing the impact of reducing night time staffing. A fire evacuation drill using reduced night time staffing was conducted on the evening following the inspection. This and other governance and management related issues are discussed under Regulation 23 of this report.

Staff in the centre had received training appropriate to their individual roles through a combination of online and in-person training sessions. There was an ongoing training schedule in place to ensure all staff had relevant and up to date knowledge and skills. Mandatory training modules such as fire safety and safeguarding of vulnerable adults was completed by all staff.

Residents were consulted through residents' meetings. The person in charge also consulted with residents informally through opportunistic chats. While the feedback from residents was generally positive, some issues were raised by residents and the meeting records did not clearly identify if these issues were addressed. A relative

questionnaire had been completed and the the feedback was overwhelmingly positive on the care delivered to residents. relatives were very complimentary of the staff and the service provided.

Regulation 14: Persons in charge

There was a person in charge of the centre that met the requirements of the regulations. The person in charge is an experienced nurse and manager and supported residents to have a good quality of life in the centre. Residents spoken were familiar with the person in charge and confirmed that she was always available, approachable and responsive to their needs. The person in charge is responsive to the regulatory process.

Judgment: Compliant

Regulation 15: Staffing

Following the previous inspection an additional staff member had been rostered to work night duty to ensure that all residents could be evacuated in a timely manner in the event of an emergency. Following the completion of some fire safety works, the provider had removed the third member of staff from the night time roster. This had been done without ascertaining that residents could be evacuated in a timely manner at night time with the reduced staffing numbers.

Judgment: Substantially compliant

Regulation 23: Governance and management

Some improvements were required in relation to governance and management, including:

- the compliance plan submitted by the provider was not implemented in accordance with the time frames in that plan. A number of the actions to be completed in relation to fire safety remained outstanding, such as the fire rating of attic hatches and the installation of fire detectors in some service enclosures
- while a fire risk assessment was conducted in November 2022 and some of the actions identified in the assessment were completed, there was no associate action plan to identify progress towards addressing the actions
- night time staffing levels had been reduced without the provider having

assurances that residents could be evacuated in a timely manner with the reduced staffing levels

- while residents' meetings were conducted regularly, there was no associated action plan or evidence in subsequent meeting records that all issues raised in residents meeting were addressed to the satisfaction of the residents

Judgment: Substantially compliant

Regulation 31: Notification of incidents

A record of all incidents and accidents occurring in the centre was maintained. A review of this record identified that all incidents required by regulation to be notified to the office of the Chief Inspector had been submitted within the required time frames.

Judgment: Compliant

Regulation 4: Written policies and procedures

The policies required by Schedule 5 of the regulations were in place and up-to-date in line with regulatory requirements.

Judgment: Compliant

Quality and safety

Residents expressed a high level of satisfaction with the care provided and the quality of life in Holy Ghost Residential Home. It was evident that the centre promoted a human rights-based approach to care, which was respectful and inclusive of the residents views, opinions and choices. The well-being of the residents' was at the centre of the service. Residents were consulted with regularly and proactively engaged in the running of the centre. While residents' care needs were met to a good standard further actions were required to improve fire safety management, assessment and care planning, infection control and the premises.

The centre is a low-dependency supported care home and is registered on the basis that the residents do not require full time nursing care in accordance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013. The dependency level of residents is monitored and when it is determined that care needs are beyond what can safely be provided in the home,

residents are assisted in the process of finding more suitable accommodation, usually a nursing home.

There was adequate oversight of the resident's individual health needs. Due to the low dependency of the residents, there was a low level of wounds and incidents and there was no use of restrictive practices within the centre. Residents were assisted to make appointments with their general practitioner (GP) and to maintain hospital and any other appointments. Records reviewed by the inspector identified that all residents had a comprehensive assessment and care plan completed on admission to the centre. Action was required, however, in relation to assessment and care planning to ensure that evidence-based tools were used to support the objective identification of risk such as malnutrition. This is addressed under Regulation 5 of this report.

The design and layout of the premises was appropriate to support the needs of the residents. The centre was found to be generally clean and uncluttered. Residents had good access to communal and outdoor space.

Some improvements were noted in fire safety management systems since the last inspection in October 2022. A fire risk assessment had been conducted in November 2022. The assessment had concluded that the risk rating would be reduced from moderate to low following the installation of fire door self-closing devices. The provider assured the inspector that self-closing devices had been fitted to all recommended doors and hence the risk was now reduced to low. Fire extinguishers, the fire alarm and emergency lighting had preventive maintenance conducted at the recommended frequency. All staff had attended up to date training in fire safety and staff spoken with were knowledgeable of what to do in the event of a fire. In response to the issuance of an urgent compliance plan following the last inspection the provider had taken additional precautions to protect residents in the event of a fire. This included the fitting of door closure devices to doors from which they had previously been removed; the installation of emergency lighting to all parts of the exterior of the building; the widening of footpaths around the building to support the evacuation of residents in the event of an emergency; the installation of handrails at some emergency exits; and the repair of fire rated enclosures in high risk areas. Despite this extensive work, not all issues identified on that inspection or in the fire risk assessment were addressed such as fire rating of attic hatches and the installation of fire detection system in some service areas. These and other issues in relation to fire safety are outlined under Regulation 28 of this report.

The inspector saw evidence in the documentation reviewed and from conversations with residents that residents were consulted in respect of the quality of the service provided. The management of the centre continued to involve the local community and external entertainers in activity provision. Residents had access to television, radio, newspapers and books. Internet and telephones for private usage were also readily available.

There was no restriction to visits in the centre and visiting had returned to pre-pandemic visiting arrangements in the centre. Residents could receive visitors in their bedrooms, the centre's communal areas, or in the external grounds. Visitors

could visit at any time and there was no booking system for visiting.

There were adequate arrangements in place to protect residents from abuse. Safeguarding training had been provided to all staff in the centre and staff were familiar with the procedures for reporting concerns. The centre had procedures in place to ensure staff were Garda vetted prior to employment.

There was a rights based approach to care in this centre. Residents' rights, and choices were respected. Residents were actively involved in the organisation of the service. Regular resident meetings and informal feedback from residents informed the organisation of the service. The centre promoted the residents independence and their rights. Residents has access to daily national newspapers, weekly local newspapers, WI-FI, books, televisions, and radios. Mass took place in the centre weekly. Residents had access to an oratory within the centre.

Regulation 11: Visits

There was open and unrestricted visiting procedures in place on the day of inspection. Residents and visitors came and went from the centre throughout the day and visits took place in residents' rooms, communal areas and outside.

Judgment: Compliant

Regulation 12: Personal possessions

There was adequate space for residents to store personal belongings, including lockable space. There was adequate wardrobe space for residents' clothing. Residents' families were responsible for laundering residents' clothes.

Judgment: Compliant

Regulation 17: Premises

While the centre was generally in a good state of repair, some parts of the premises would benefit from ongoing maintenance. For example:

- some areas of the premises were in need of painting, such as door surrounds and skirting boards
- weeds and grass were starting to show in the outdoor patio areas

Judgment: Substantially compliant

Regulation 27: Infection control

While recognising the many good practices in infection control observed on the day of the inspection, the registered provider had not ensured that some procedures were consistent with the standards for the prevention and control of health care associated infections. For example:

- there were no wash hand basin in the centre that complied with relevant infection prevention and control standards. In particular the taps on the wash hand basin in the treatment room were not hands free
- there was a sticky residue on a cross corridor fire door that would make it difficult to clean effectively

Judgment: Substantially compliant

Regulation 28: Fire precautions

Action was required in relation to fire safety management. For example:

- not all of the actions identified in the fire risk assessment or in the compliance plan following the inspection conducted in October 2022 had been completed
- while a review was conducted on fire doors in response to the fire risk assessment, assurances were required that the review fully complied with the recommendations in the report that a review of all fire doors and emergency exit doors should be undertaken by a competent person
- while most fire doors provided a good seal and would effectively prevent the spread of smoke, a small number needed further adjustment
- while night time evacuation drills had been conducted, these had been conducted with enhanced staff levels and had not been conducted using reduced staffing numbers prior to reducing the number of staff from three to two a night time
- not all fire safety evacuation maps identified where you were in the centre in relation to the nearest place of relative safety

Judgment: Substantially compliant

Regulation 29: Medicines and pharmaceutical services

Medication management practices were reviewed. An electronic prescribing and medication administration recording system were in use. Medication administration practice was observed to be in compliance with evidence-based guidance. Adequate measures were in place for the management of medications requiring special control measures. Medications requiring refrigeration were stored appropriately. Creams, ointments and drops had their opening date recorded to ensure they were used in accordance with the manufacturer's instructions.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

While residents' weights were regularly monitored and the body mass index was calculated, an evidence-based tool to assess the risk of residents developing malnutrition was not routinely used. This is a missed opportunity to identify a potential risk.

Falls risk assessments were not routinely updated following a fall to ascertain if the resident's risk of a fall had increased and to identify if any additional control measures were required.

Wound assessments were not completed for one resident that had a wound and it was therefore difficult to assess on an objective basis the progress of wound healing.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had a choice of general practitioner (GP). The inspector noted that residents had timely access to health and social care professionals and medical and nursing services specialists.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While the incidence of challenging behaviour is very low, in instances where a resident did present with challenging behaviour, evidence based tools were not used to record antecedents, behaviour and consequences to support the identification of

any triggers to the behaviour.

Training in responding to behaviour that is challenging was not a component of the training programme for staff.

Judgment: Substantially compliant

Regulation 8: Protection

All residents spoken with stated that they felt safe in the centre. All interactions by staff with residents were seen to be courteous and respectful. The provider is not pension agent for any residents.

Judgment: Compliant

Regulation 9: Residents' rights

Residents had access to a variety of activities and were able to choose where and how they spent their time in the centre. Residents were encouraged to maintain links with the community and keep up-to-date with national and international affairs through access to TV, radio, and newspapers. Residents were supported with access to religious activities of their own denomination. Mass was held in the centre weekly.

The centre had its own bus and this was used to take residents on regular outings to places of interest on a regular basis.

Residents were encouraged to provide feedback on the operation of the centre and were involved in decisions which impacted upon their day-to-day lives. Any changes in the centre were discussed with the residents and their opinions were sought.

Judgment: Compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 14: Persons in charge	Compliant
Regulation 15: Staffing	Substantially compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 4: Written policies and procedures	Compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 12: Personal possessions	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Substantially compliant
Regulation 29: Medicines and pharmaceutical services	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 Holy Ghost Residential Home OSV-0000591

Inspection ID: MON-0040624

Date of inspection: 28/06/2023

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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing: A night time fire evacuation drill has been completed with the rostered 2 night duty staff and residents were evacuated in a timely manner. The staffing has returned to baseline. Evacuation training / Fire drills for all night staff will continue quarterly or as required.</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management: A new form of action plan/goal setting is now added to the Residents meetings in order to demonstrate actions taken and by whom. Completed.</p> <p>Fire evacuation night time drill completed. Fire Detectors in service enclosures have been installed since July 17th 2023. ‘You are here’ indicators have been added to all Fire Escape Compartment Plans signage since July 18th, 2023 Fire rated attic hatches will be fully installed by August 31st 2023 An Actions Report from the November 2022 Fire Risk Assessment will be completed by 31st August 2023</p>	

Regulation 17: Premises	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises: The emphasis of the provider is always maintaining and developing the Service.</p> <p>The enclosed garden area is maintained by the maintenance staff. The grass has been cut and weeding completed since our inspection in June 2023. It will be redone in August (more frequent in summer months) and as required in winter months in order to maintain gardens and grounds in good order.</p> <p>The board are aware of our budget deficit at present and are prioritizing maintenance/refurbishment as required. Painting has been commenced in some areas and plan is to continue. Completion – 10/12/2023</p>	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control: Hand free tapes on the wash hand basin in the treatment room will be provided. (All staff are trained in hand hygiene and method of not touching taps during handwashing infection control technique. Plumber contracted for same.</p> <p>The sticky residue on the crossfire door has been addressed and cleaned.</p>	
Regulation 28: Fire precautions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 28: Fire precautions: All fire safety evacuation maps have been identified on Home signage. Door seals are being re-addressed and adjusted. Reduced staffing level night time drills are completed and will continue quarterly. External consultants conducted a review and have compiled a report assuring compliance to the recommendations – including fire doors and emergency doors. Action plan for same completed.</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 MUST Tool has been added to the already existing BMI monitoring to enhance the Residents Care.</p> <p>The Fall Risk Tool used in our Care plans is FRASE. This is done quarterly. The FRASE will be recalculated following any residents fall. Wound Assessment Chart will be updated as per regulations.</p>	
Regulation 7: Managing behaviour that is challenging	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging: An ABC Tool will be used for any Resident with Challenging Behaviour Symptoms. Due to Low-Med dependency levels our challenging behavior is very low. Staff will commence training this year for some.</p>	

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	31/07/2023
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	10/12/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service	Substantially Compliant	Yellow	31/08/2023

	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	05/09/2023
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	31/08/2023
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	10/06/2023

	followed in the case of fire.			
Regulation 28(2)(i)	The registered provider shall make adequate arrangements for detecting, containing and extinguishing fires.	Substantially Compliant	Yellow	31/08/2023
Regulation 28(2)(iv)	The registered 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.	Substantially Compliant	Yellow	10/07/2023
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	10/07/2023
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	30/01/2024

