



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

Issued by the Chief Inspector

Name of designated centre:	St John's House
Name of provider:	St Johns House of Rest
Address of centre:	202 Merrion Road, Ballsbridge, Dublin 4
Type of inspection:	Unannounced
Date of inspection:	18 July 2022
Centre ID:	OSV-0000101
Fieldwork ID:	MON-0037443

About the designated centre

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

St John's House is a purpose built nursing home which can accommodate 56 residents, both male and female over the age of 18 years. Care is provided for residents with low, medium, high and maximum dependencies, and with a variety of conditions, including dementia, stroke, cardiovascular needs, and diabetes. Both long term and respite care is provided by twenty four hour nursing care.

Bedrooms with accessible en suite shower rooms are situated over the two upper floors with the ground floor provides a large concourse, hairdressing salon, medical and treatment centre, offices and reception. There are many outdoor spaces provided throughout the building, including a courtyard garden, a large outdoor space to the rear and a large terrace on the first floor. St. John's House is close to many amenities including a shopping centre, cafes, bars, and restaurants.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	54
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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
Monday 18 July 2022	08:40hrs to 19:47hrs	Margaret Keaveney	Lead

What residents told us and what inspectors observed

Throughout the day of the inspection, the inspector spoke with four residents and spent time observing residents' routines and care practices in order to gain an insight into the experience of those living in the centre. From what residents told them and from what the inspector observed, residents were happy and content living in the centre, and that staff knew the residents well and that residents were relaxed in the company of staff.

When the inspector arrived at the centre, they were required to complete COVID-19 infection prevention and control measures, such as hand hygiene, the wearing of a face mask and a health questionnaire.

The centre is set over three floors, and is bright, warm and tastefully decorated throughout with a mixture of contemporary coloured soft furnishings and antique furniture, some of which had been donated by previous residents. The corridors were fitted with handrails to assist residents to mobilise freely throughout, and walls were decorated with artwork by local artists. There were numerous comfortable seating areas along corridors, which the inspector noted that many residents used in order to relax and observe the comings and goings of fellow residents and staff. There was clear directional signage throughout the centre to assist residents in orienting to communal areas, and large clocks in place to support residents' independence.

There were communal spaces on each of the three floors where residents were able to relax and socialise. Each was comfortably furnished and pleasantly decorated, with games and books available for residents' use. The inspector was informed that some residents had expressed specific preferences in how small library areas were stocked and organised, and that these preferences were respected. There was a large concourse area on the ground floor, which was furnished with grouped seating and had shelving that displayed resident's arts and crafts, some of which had been purchased by families and staff. There was also a quiet chapel with a beautiful stained glass window installed at the entrance that had come from the centre that existed before the refurbishment of St. John's House. The inspector observed that some communal areas were also being used by staff during break times, as a COVID-19 control measure. The management team committed to reviewing these arrangements as the centre was not experiencing a COVID-19 outbreak at the time of the inspection.

There was a well planted garden to the front of the centre, with cushioned seating and smooth paving for residents comfort and safety. There were bird feeders and houses in the garden to attract birds, for residents viewing and enjoyment. There was also an enclosed courtyard garden, again with cushioned seating and large awnings to protect residents from the weather. The inspector was informed that residents had attended a champagne and ice-cream party with singing and dancing in the courtyard the previous week, to celebrate the fine summer weather. There

were also a number of safe balcony areas, accessible from both the first and second floors that provided residents with easy access to the outdoors, under the close supervision of staff from nearby nurse's stations.

There were 48 single occupancy and 4 twin bedrooms located on the first and second floors of the centre, each with their own en-suite. Bedrooms were spacious with sufficient storage space for residents' possessions and a secure locked space also available. The entrance area of each had been decorated in contrasting colours to the corridors, to aid residents, living with a diagnosis of dementia, to orientate themselves when going to and from their bedroom. With the resident's permission, the inspector viewed a number of bedrooms and observed that they had been personalised by residents and their families, with soft furnishings, photographs and small pieces of furniture from home. The inspector saw that twin bedrooms were spacious and that most allowed residents sufficient personal space for privacy and dignity. However, the configuration of two of the twin bedrooms required review to provide all residents in the bedrooms with adequate floor space, and this is discussed further in the report. Residents spoken with expressed satisfaction with all aspects of their bedroom accommodation.

Throughout the day, staff were observed to treat residents with kindness and to gently redirect and assure residents who required such assistance. Residents spoken with commented that staff were 'very kind and chatty' and 'helpful'. Residents said they were happy living in the centre, they had no complaints but if they did they would speak to the recently appointed person in charge or clinical nurse manager both of whom were well known to the residents.

Dining room tables were thoughtfully set out with small vases of flowers, stemmed glasses and clean crockery, with soft music playing during the mealtimes. The person in charge had recently undertaken a review of the dining room experience, and had introduced new table settings, that would change with the seasons, and written menus to assist residents in making meal choices. However, the inspector observed that the dining room experience required further review, as the current system of plating up all meals in the dining room created a noisy and spiritless atmosphere in the dining room with residents experiencing delays for their main meal. The inspector observed that the current system involved one staff member plating up meals while other staff waited, without immediate purpose, to bring food trays to resident bedrooms and to serve residents in the dining room. Two residents expressed dissatisfaction to the inspector about the delays. On the day of the inspection, the management team committed to reviewing this system. The food was catered on-site by an external company and residents spoken with said that the food was good, and that there was a choice available to them daily. The person in charge had arranged for the chef and residents to meet to discuss the residents' menu preferences. The inspector observed that there were sufficient staff available to provide support and assistance for the residents.

The activities schedule was displayed on notice boards on each floor. These included arts and crafts, SONAS, bingo, reminiscence sessions, music and movement sessions. A chapel service, followed by a coffee morning, was held every Friday morning for residents. Residents could avail of a fortnightly hairdressing service in

the centre, by a hairdresser who was familiar with their preferences having attended the centre for the last nine years. One resident's family also brought their dog to the centre weekly, for resident's enjoyment. The person in charge and activities staff were also planning trips for residents to places of interest in Dublin, and a bus was to be hired to safely transport residents.

Visitors were welcomed to the centre and encouraged to participate in residents' lives. Several were observed meeting with residents in the centre during the inspection, and there was ample quiet spaces for residents to meet with their visitors in private, including a tea room on the ground floor. A music band was scheduled to perform for residents on the day following the inspection, and families were invited to join the event, with catering provided for everyone in attendance. Residents were also encouraged to meet with family and friends outside of the centre for coffee and shopping, and all such trips were risk assessed. The inspector was also informed by the person in charge that they had plans to develop communications between staff and families, to provide more regular updates to them on residents' welfare and wellbeing. They were also planning to involve families in developing a Life Story for each resident, with activities staff, to assist in reminiscence and one to one activities with staff.

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 inspector observed good leadership, governance and management arrangements in place during this inspection. The management team demonstrated knowledge of the regulatory requirements and had improved systems in place to ensure that the care provided was safe, appropriate and effectively monitored.

Since the previous inspection in March 2021, the registered provider, general manager and person in charge had implemented actions to achieve compliance with a number of the regulations under the Health Act 2007, for example ensuring that staff had timely access to mandatory training, that the complaints procedure was displayed and updated with the relevant personnel, and addressed inappropriate storage issues were addressed. During this inspection improved regulatory compliance was also seen with governance and management, and infection control arrangements. However, further action was required in care planning, managing behaviours that challenge, premises and infection control.

St John's is owned and managed by an incorporated body, St John's House of Rest. There was an established management team within the centre. The person in charge was newly appointed in June 2022, but had previously worked in the centre as a clinical nurse manager. This person worked full time in the centre and was well

supported in their role by a general manager, two clinical nurse managers, a team of nursing and healthcare staff, and a household team.

Since the previous inspection, a suite of audits and an auditing schedule had been developed by the person in charge and general manager. The person in charge created a monthly Key Performance Information report that included, amongst other items, audit results and actions, complaints and incidents and accidents. This report and items such as staffing, training and other resident matters were reviewed at monthly management team meetings, which were attended by the Chief Executive officer, a number of Board members, the General Manager and the person in charge. There was clear evidence of learning and improvements being made in response to the audit of reports, such as additional training in care planning was identified as a need and was seen to be scheduled on the rosters for the week following the inspection. The person in charge also informed the inspector that they planned to informally meet weekly with residents, to elicit their views or concerns on any aspect of the service, including food and activities, and to discuss such feedback at the monthly meetings.

There was a comprehensive contingency and preparedness plans in place to guide staff on managing COVID-19 outbreaks within the centre. The provider also had a plan in place to respond to a range of emergencies, such as flooding and loss of power.

An annual review had been completed for 2021, which included consultation with residents and a quality improvement plan for 2022.

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, the inspector saw that there were sufficient staff on duty to meet the assessed needs of the residents. Since the previous inspection, the registered provider had increased staffing resources, with a second nurse rostered at night time and a part-time nurse available for day shifts. The centre's own staff and a bank of staff were used to fill any gaps in rosters, and the registered provider had recently recruited healthcare staff to fill a small number of vacancies.

Staff training records confirmed that almost all staff were up-to-date in mandatory training, such as safeguarding residents from abuse, safe moving and handling procedures and fire safety. The records also showed that staff had completed supplementary training, such as infection prevention and control, restrictive practices, medication management, dementia training and dignity at work, to support them in delivering person-centred and safe care to residents. Induction of new staff was closely monitored by the person in charge and new staff members were allocated a mentor with whom they completed a comprehensive induction pack. All staff were appropriately supervised and supported by the person in charge, and staff spoken with were knowledgeable and skilled to perform their role and responsibilities.

The inspector reviewed three contracts for the provision of services and found them to be in line with the regulations. The contracts outlined the terms and conditions of

the residents' residency and also contained details of the fees to be charged for additional services.

Regulation 15: Staffing

The staffing numbers and skill mix were appropriate to meet the requirements of residents in line with the statement of purpose.

There were two registered nurses on duty at all times, as confirmed by the person in charge and a review of the staff rosters.

Judgment: Compliant

Regulation 16: Training and staff development

Staff had access to a wide variety of online and in-house training and were supported to complete this training. The inspector saw that almost all mandatory training was up-to-date, with training dates scheduled for those requiring refresher training. The person in charge, a clinical nurse manager and the nurse assigned as Infection Protection and Control lead were trained in taking COVID-19 swabs.

Judgment: Compliant

Regulation 23: Governance and management

While there were many effective management systems in place, to ensure that the service provided was safe, appropriate, consistent and effectively monitored, some systems required action. For example;

- The registered provider and person in charge had recently implemented changes to improve the dining experience for residents, such as the introduction of written menus. However, the registered provider had failed to identify that other issues in the dining rooms, such as the practice of preparing meal trays for residents, who choose to eat in their bedrooms, in the dining room, resulted in residents experiencing significant noise and delays in receiving their hot main course.
- Management systems had not identified that the configuration of the floor space for two residents in twin occupancy bedrooms was not in compliance with Regulation 17: Premises.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had an agreed contract of care with the provider, setting out the terms and conditions of their residency and contained the required authorisations. The contracts contained information on the cost of care and details regarding fees that may accrue for additional services, including activities and other potential costs.

Judgment: Compliant

Quality and safety

Overall, this was a good service that delivered high quality care to the residents. Residents had good access to healthcare and there was evidence of good recreational opportunities being provided to residents. However, some improvements were required within individual assessment and care planning, managing behaviours that challenge, premises and infection control.

The inspector reviewed a sample of residents' records to follow up on incidents reported to the Chief Inspector of Social Services, such as falls. The records showed that appropriate care and follow up care had been provided to residents, and that care plans had been appropriately updated. The inspector also observed that pre-admission assessments and assessments following admission were in place for residents, and that for many residents appropriate care plans were subsequently developed. Overall, these records were seen to be person-centred. However, the inspector also reviewed a number of residents' records and found that they had not been updated to reflect changes in residents' condition or that guidance in care plans was not being implemented. This is further discussed under Regulation 5: Individual assessment and care plan, below.

A review of a sample of residents' records showed that the person in charge promoted the health of residents by facilitating them to access appropriate services for their identified healthcare needs. When a resident was referred to a healthcare service, there was a follow up system in place to ensure that residents were accessing such services. GPs visited the centre twice weekly, and a physiotherapist was employed to attend to residents once a week. The person in charge had recently employed the services of an occupational therapist, to review with residents in need, once monthly. They also had arrangements in place for residents to be regularly reviewed by a chiropodist and by a dental technician.

The registered provider had a comprehensive restraints register in place that was used to monitor the use of restraint in the centre. There was also a policy on the

use of restraint, however the inspector observed that this policy was not being adhered to as the registered provider did not acknowledge and assess some environmental restraints, such as locked doors to outside areas, as a restrictive measure. Therefore, there was no oversight and review of this restrictive measure and no care plans developed to guide staff on their use. The inspector observed that the quality of the documentation on the recording and identification of resident's responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment) varied. A number of records reviewed gave a clear description of resident responsive behaviours and the interventions required to support the individual concerned. However, the inspector also found examples in records where there were inadequate descriptions of these behaviours and the interventions required.

A safeguarding policy and procedure on the detection, prevention and response to abuse was available to staff. Two safeguarding incidents were reviewed by the inspector, who observed that although the procedure had not been adequately followed by some staff members at the time of one incident, both incidents had been investigated thoroughly, with learning identified and appropriate measures subsequently put in place. For both incidents, staff had liaised with the Gardaí and the local safeguarding team to ensure that residents were protected. The person in charge had since ensured that all staff received refresher safeguarding training, and the inspector spoke to four staff who were knowledgeable on how to protect residents and on how to respond to an alleged or confirmed incident of abuse.

The registered provider ensured that residents maintained close contact with their families and friends. The visiting arrangements in place were in line with the latest guidance, to ensure that residents and their visitors could meet safely in the designated centre. Visiting took place in residents' bedrooms, the communal concourse, the tea room and in the garden, and visitors were requested to complete infection control precautions on entry to the centre. Residents were also facilitated to meet with their visitors outside of the centre, in local coffee shops or places of interest.

The inspector found that overall the premises provided a safe and suitable environment for residents with a variety of needs, whilst maintaining a homely and welcoming atmosphere. The registered provider ensured that most areas of the centre were designed and laid out to meet the assessed needs of residents, and that internal and external areas of the centre were pleasantly decorated. Routine maintenance work was carried out regularly to ensure the premises was well-maintained to a good standard.

However, the inspector did identify some issues with regard to the premises that required attention. For example, the configuration of the floor places of the eight residents in the four twin rooms was reviewed by the inspector, who found that two measured less than 7.4m² which did not afford residents adequate floor space. This is further discussed under Regulation 17: Premises, below.

The inspector observed many good infection prevention and control practices in the centre. One staff nurse had been recently assigned as the Infection Prevention and Control Lead in the centre, and had revised cleaning checklist and developed audits to ensure that the service met the relevant standards. The completion of checklists and cleaning schedules were effectively monitored by the person in charge. Overall, the centre was clean, with the registered provider providing adequate cleaning resources, including cleaning staff and cleaning equipment. Cleaning trolleys were well organised and housekeeping staff who spoke to the inspector were knowledgeable about good infection prevention and control procedure. There were sufficient hand hygiene stations throughout the designated centre, and the inspector saw evidence that bedpan washers were serviced regularly. However, the inspector observed that further improvement was required in the some areas. This is discussed under regulation 27 below.

Regulation 11: Visits

The registered provider had adequate arrangements in place for residents to meet with family and friends in the centre. This included measures to ensure the ongoing safety of residents against the risk of exposure to COVID-19 from visitors.

Judgment: Compliant

Regulation 17: Premises

In order to meet the needs of all residents living in the designated centre, the registered provider was required to action works on the design and layout on some areas of the premises. For example,

- The floor space for two residents in twin occupancy bedrooms measured less than 7.4m² each. Therefore, these residents were not provided with adequate private space.
- Wheelchairs were stored beside the handrails along some corridors in the centre, which could impede some residents' safe movement throughout the centre.
- One of the risk controls implemented by the registered provider, during the COVID-19 pandemic, was to assign some communal areas as break areas for staff. However, these arrangements had been made in a way that did not encourage residents to continue to use and enjoy these areas.

Judgment: Substantially compliant

Regulation 27: Infection control

Some action was required to ensure that good infection prevention and control practices were consistently adhered to in the centre. For example;

- During the tour of the premises, the inspector observed that the layout of the laundry did not support the flow of dirty to clean laundry. There was also no signage to display where clean and dirty linen was stored in separate areas of the laundry. When highlighted to the person in charge by the inspector, the laundry room was reconfigured on the day of the inspection. However, signage on the segregation of clean and dirty areas was required as this gap posed a risk of cross contamination to clean laundry.
- Some staff were observed to adhere to poor practices when wearing personal protective equipment (PPE). For example, three staff were observed to wear their masks under their chin while caring for residents.
- In one sluice room, the hand hygiene sink was blocked by a sanitary bin. This posed a cross contamination risk to staff while accessing the sink.
- There were unlidded bins in communal toilets and bathrooms, which posed a cross contamination risk.
- The hand wash sink in one treatment room did not comply with current recommended specifications for clinical hand hygiene sinks.

Judgment: Substantially compliant

Regulation 5: Individual assessment and care plan

In the sample of care plans reviewed, improvements were required to ensure that resident's received the care and supports required to maximise their quality of life. For example:

- For one resident with a personal device that alerts the need for support, their care plan had not been implemented. The care plan specified that daily skin checks should be completed to ensure the integrity of the skin under the device. However, the resident's daily care notes did not record that such checks had been completed.
- The inspector observed that for a resident who was actively displaying behaviours that challenge, there were four care plans in place to guide staff on managing such behaviours. However, a review of the four care plans showed that none comprehensively reflected the health and personal care needs of the resident. One contained information on how to distract the resident after an incident, but not the triggers that could cause such incidents. While another care plan identified one trigger but no guidance on how to manage the residents' behaviour. Therefore, there was no clear guidance to staff on how to manage the resident's behaviours.

- The care plans for one resident had not been updated to reflect changes in their care. Two of their care plans stated that the resident had one bedrail in place, as did the restrain register. However, two of the resident's care plans stated that they had two bedrails in place.
- The continence care plan for one resident had not been updated to reflect changes in medication, as shown in their medication administration record.
- A review of one resident's records showed that their care plans had not been updated to reflect guidance from the physiotherapist on the use of a mobility device, as advised during a recent review.

Judgment: Not compliant

Regulation 6: Health care

The registered provider ensured that residents had appropriate access to medical and healthcare through twice weekly visits from the GP and timely referrals to appropriate allied health services, such as speech and language therapy, dietetics and the tissue viability nurse. A physiotherapist also visited the centre weekly to meet residents' needs.

Residents were referred to both community and private services, and were also facilitated to access national screening programmes where appropriate.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

In the sample of residents' records reviewed, the inspector observed that:

- One resident had been assessed, using two separate validated assessment tools, as requiring a personal device that alerts the need for support, to manage behaviours such as purposeful walking. The resident was provided with such a device and its use logged on the restraint register. However, the inspector observed that there was no care plan in place to guide staff on the use of this form of restraint, therefore ensuring that the resident's behaviours were appropriately and effectively managed.
- The inspector observed that doors into the enclosed garden and balcony areas were locked, and residents were unable to freely exit into these areas without the assistance of staff using a fob. The registered provider had not recognised this as an environmental restraint and it was not documented in the restraint register. Therefore, this practice had not been risk assessed and was not under regular review, in line with the centres restraint policy.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector saw evidence that the registered provider had arrangements in place to protect residents and ensured that all staff received training in safeguarding vulnerable persons from abuse. A review of records showed that allegations of abuse were investigated and managed appropriately by the person in charge and the registered provider.

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 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
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Substantially compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant

Compliance Plan for St John's House OSV-0000101

Inspection ID: MON-0037443

Date of inspection: 18/07/2022

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>In consultation with our Chef, it has been agreed that assembling of plates, and preparing of meal trays for those residents who choose to eat in their bedrooms won’t occur simultaneously with those residents eating in the dining room. A new process/plan has been implemented immediately and our Chef has instructed his team to despatch meals to those residents in their rooms before residents arrive to dine in the dining room. Now actioned. Further enhancements are being explored to stimulate the dining experience for all our residents.</p> <p>In accordance with the roster, a CNM, staff nurses, and HCAs are assigned. Assistance and supervision are in place to ensure that meals are served on time and in an atmosphere conducive to social interaction</p> <p>Daily menus are posted in the lifts and on residents' table settings.</p> <p>Chef is on-site daily to communicate with residents and receive their feedback.</p> <p>Individual residents’ dietary requirements were revised.</p> <p>Configuration for floor space for two residents twin occupancy room details in Regulation 17. See below.</p>	
Regulation 17: Premises	Substantially Compliant
Outline how you are going to come into compliance with Regulation 17: Premises:	

In answer to bullet point one concerning the need for an adequate 7.4m² of floor space in the twin occupancy bedrooms the centre can confirm that a full review of all four twin bedrooms has been carried out and those bedroom areas that don't meet the regulation standard are being addressed straightaway.

An external company called 'Finishing Touches' have been contacted and are scheduled to come to the designated centre to arrange the necessary modifications that will enable each privacy screen to enclose an area of private space not less than 7.4m².

The timeline is dependent on the manufacturer as the privacy rail/track will be bespoke for each bed.

We estimate completion between two to six weeks. Actioned – work in progress.

Risk-assessed handrails along corridors. Wheelchairs are now stationed near evacuation zones. A daily checklist exists.

Furnitures impeding residents' safe movement were evaluated and removed; however, some residents' personal requests to station chairs beside their room were evaluated for risk and placed within an area to ensure that one side handrails are not obstructed which is incorporated into ADL care plan.

Staff break areas are reassigned to the original allocated staff room to the ground floor in August. Covid 19 Contingency, Preparedness plan, Covid 19 Policy and Infection Control Policy was revised and this is subject to review if a Covid 19 outbreak should arise.

Residents have full access now to enjoy their communal space.

Daily staff break allocation in supervised by CNM and nurses. Allocation records available.

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

Completed infection control audit.

There is clear signage indicating the flow of dirty and clean laundry in a laundry facility. Installed demarcation sticker and signs indicating the separation of clean and unclean areas.

IPC nurse-initiated refresher PPE donning and doffing training; training is ongoing. Daily supervision is provided by the PIC, CNMs, and the floor nurses.

Each sluice room has appropriate signage and additional signage indicates that hygiene sinks must not be obstructed by sanitary bins. Daily checks are in place.

The audit revealed 36 locations with unlidded bins. Appropriate bins have been researched and have been ordered. Awaiting delivery.

The hand sink in the Clinical Room on the first floor will be fitted with the recommended "elbow tap."

Regulation 5: Individual assessment and care plan	Not Compliant
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Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
 Nurses are now allocated a specific time in the given roster to complete their assigned residents' person-centered care plan.

Refresher Care plan training will be arranged.

Care plan audit is revised from quarterly to monthly.

Care plan framework has been created and disseminated to all nurses with a focus to update, review Behaviours that are challenging and Restrictive Practice.

Individual nurses' appraisal has commenced to improve the quality-of-care plans.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
 Residents using personal sensor device have a relevant Mood and Behaviour care plan in place now which will guide the staff on the use of restraints.

A completed environmental restraint audit identified exterior doors that were locked. A new entry has been added to the restraint register. Awaiting MDT evaluation.

A risk assessment is now being conducted for the use of fobs to access enclosed garden and balcony spaces. Two residents who have already undergone risk evaluations are fully authorised to enter and exit using fobs.

The physiotherapist will reevaluate the Manual Handling safety and assistance level. The

MMSE will be evaluated by nurses to determine the level of resident comprehension. Following the assessment report, residents' care plans will be updated with information regarding their level of access to outside areas for entry and exit in view to establish assistance, supervision and unrestricted access.

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(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	31/10/2022
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	30/09/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure	Substantially Compliant	Yellow	19/08/2022

	that the service 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	31/08/2022
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).	Not Compliant	Orange	31/10/2022
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.	Not Compliant	Orange	31/10/2022

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	31/10/2022
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	31/10/2022