



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

## Issued by the Chief Inspector

Name of designated centre:	Nazareth House
Name of provider:	Sisters of Nazareth
Address of centre:	Malahide Road, Clontarf, Dublin 3
Type of inspection:	Unannounced
Date of inspection:	06 September 2022
Centre ID:	OSV-0000149
Fieldwork ID:	MON-0037814

## About the designated centre

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

The Sisters of Nazareth opened Nazareth House Dublin as a nursing home in 1970, which was refurbished in 2018. The centre can accommodate 120 residents in single en suite bedrooms, to both male and female residents over the age of 18 years. There are two units on the ground floor called Brook Green 1 and 2 with both providing 15 bed spaces in each unit. The first floor contains 60 bed spaces with 30 provided in Gahan unit and 30 bed spaces provided in the Holy Family Unit. Larmenier unit on the second floor has 30 bed spaces available for use. Facilities available to residents include a chapel, hair salon, conference, meeting/training room and activity room.

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

Number of residents on the date of inspection:	119
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

- speak with residents and the people who visit them to find out their experience of the service,
- talk with staff and management to find out how they plan, deliver and monitor the care and support services that are provided to people who live in the centre,
- observe practice and daily life to see if it reflects what people tell us,
- review documents to see if appropriate records are kept and that they reflect practice and what people tell us.

In order to summarise our inspection findings and to describe how well a service is doing, we group and report on the regulations under two dimensions of:

### **1. Capacity and capability of the service:**

This section describes the leadership and management of the centre and how effective it is in ensuring that a good quality and safe service is being provided. It outlines how people who work in the centre are recruited and trained and whether there are appropriate systems and processes in place to underpin the safe delivery and oversight of the service.

### **2. Quality and safety of the service:**

This section describes the care and support people receive and if it was of a good quality and ensured people were safe. It includes information about the care and supports available for people and the environment in which they live.

A full list of all regulations and the dimension they are reported under can be seen in Appendix 1.

**This inspection was carried out during the following times:**

Date	Times of Inspection	Inspector	Role
Tuesday 6 September 2022	08:20hrs to 18:30hrs	Jennifer Smyth	Lead
Tuesday 6 September 2022	08:20hrs to 18:26hrs	Margo O'Neill	Support

## What residents told us and what inspectors observed

The overall feedback from residents was that the centre was a nice place to live, with plenty of communal space and easy access to the garden. Although the residents received good care and were well supported by staff, areas were identified that required action included governance and management, staffing, staff development and training, managing challenging behaviour and infection control. This will be further discussed in the report below.

On arrival to the centre, the inspectors were guided through infection prevention and control measures, which included a Covid-19 checklist, completing hand hygiene and the wearing of face masks.

After a short introductory meeting, the inspectors completed a tour of the designated centre. All residents spoken with were complimentary of the care and support they received from the staff within the designated centre. From what residents told inspectors and from what was observed, it was evident that residents were happy living in Nazareth House and their rights were respected in how they spent their days. The home as a whole had a calm and tranquil atmosphere. Residents who spoke with inspectors expressed great satisfaction with the staff and the service provided to them. Those residents who could not articulate for themselves appeared very relaxed. One resident said the service had exceeded all expectations and that staff were 'first class'. Inspectors' observed that staff were respectful and kind in their interactions and appeared to know the residents' needs and preferences.

On the day of inspection inspectors found that the centre was warm, well ventilated, decorated tastefully throughout and was maintained to a good standard. The premises was a bright, modern purpose built building. It was laid out over three floors with lifts and stairs to allow residents, visitors and staff to move between them. The premises contained 120 single bedrooms, all with spacious en-suite facilities.

The centre's communal areas were found to be clutter-free and there was appropriate handrails, furniture and a number of small seating areas observed throughout the premises which enhanced residents' ability to move around the centre safely and independently.

Inspectors observed that residents' bedrooms were, clean and contained a chair, locker, lockable space, and wardrobe and storage space. All had a wall mounted television. Many residents had personalised their rooms with personal items and furniture they enjoyed such as comfortable recliner chairs, cut glass, paintings, bedding and cushions. One resident showed inspectors their desk and laptop with internet connection that they used to keep in touch with their friends and loved ones. Residents reported to inspectors that they were satisfied with their bedrooms.

Each of the centre's units had a dining room and several small themed sitting areas and day rooms. For example one seating area had a world map on the wall surrounded with postcards that had been received from different countries. Residents were seen to sit and enjoy spending time in these various areas.

Inspectors observed that the dining rooms on each unit were, tastefully decorated and contained appropriate comfortable furniture for residents to use at meal times. Tables were set for residents prior to their meals and residents appeared relaxed and comfortable in the dining spaces where they enjoyed conversation between fellow residents and staff during their meals. All residents who spoke with inspectors reported that the food and variety of food on offer was very good with one resident reporting that the salmon was their particular favourite.

Residents had access to large, safe enclosed courtyards and garden areas. These areas contained safe paved paths and a number of seating areas with tables for residents to use and enjoy when finer weather permitted. The spaces were landscaped with raised flower beds, potted plants, well-tended grass areas and items of interest such as a vintage phone booth.

There was a convent adjacent to the Nursing Home, where mass was celebrated daily. Residents on the upper floors could attend mass from the balconies without having to go down stairs.

Residents were seen to receive visitors throughout the day of the inspection. The inspectors spoke with visitors who provided positive feedback about the service being provided to their loved one and reported that they were very happy that they were updated regarding their loved ones care reviews. Residents were seen to enjoy the activities observed on the day of the inspection with plenty of friendly conversation and good humoured fun happening between residents and staff.

The inspectors observed that mealtimes in the centre's dining rooms were relaxed and social occasions for residents, who sat together in small groups at the dining tables. Residents were observed to chat with other residents and staff. A daily menu was displayed for residents in the dining rooms. There was a choice of two hot meals at lunchtime, and a hot meal option for the evening meal. Staff offered discreet assistance and encouragement to residents in dining rooms and to the residents who choose to take their lunch in their bedrooms. Mealtimes were seen to be an enjoyable and social occasion. One inspector sat with a small group of residents having finished their midday meal. The residents expressed a high level of satisfaction with the meal, with one resident commenting that 'the food is excellent'.

While communal spaces such as dining and lounge areas were spacious and bright, improvements were required in the cleaning of these areas. Inspectors observed high levels of debris on the floors in communal rooms. The floors were sticky, indicating that the cleaning solution required further dilution. Inspectors observed areas with some minor chipped paintwork.

Inspectors observed that the quiet rooms for residents on each floor were being used as staff break rooms. Two residents reported that they missed having the rooms available to them for receiving visitors, as there were facilities to make a cup

of tea or coffee.

The next two sections of the report present the findings of this inspection in relation to the governance and management arrangements in place in the centre, and how these arrangements impacted the quality and safety of the service being delivered.

## Capacity and capability

The inspectors found that residents living in Nazareth house nursing home received a good standard of care that met their assessed needs. There was a clearly defined management structure in place, and staff were aware of their respective roles and responsibilities. However, the registered provider had not ensured that the governance systems were effective in overseeing that a safe service was continuously provided for residents living in the designated centre. Action was required to strengthen governance and management systems, complaints, contracts of care, managing challenging behaviours and infection control practices in the centre

The registered provider for Nazareth House is the Sisters of Nazareth. On the day of inspection, there was an established governance and management team in Nazareth House nursing home which consisted of the Director of Nursing, who also held the role of person in charge. The person in charge worked full-time in the centre and was well supported by an ADON, nursing staff, health care assistants, activities staff and maintenance staff. The management team had systems in place to monitor the quality and safety of services and the effectiveness of care given. However, the overall oversight of cleaning in the centre required action. The cleaning supervisor post was vacant for the last ten months. This is further discussed under Regulation 23: Governance and Management.

The person in charge had reviewed the centre's COVID-19 preparedness self-assessment and ensured that it contained up-to-date information to guide staff in the event of an outbreak. Overall accountability, responsibility and authority for infection prevention and control within the centre rested with the person in charge, who was also the designated COVID-19 lead.

The registered provider had a schedule of written policies and procedures prepared and accessible to guide and direct staff. These policies were updated regularly and contained references to current national policies, guidance and standards to inform best practice.

A comprehensive annual review of the quality of the service in 2022 had been completed by the Person in Charge in collaboration with the registered provider and there was evidence of consultation with residents and their families

The centre's staffing rosters were reviewed, and both day and night staffing levels were examined. From this review and observations throughout the day, inspectors saw that there were sufficient staff on duty to meet the assessed clinical needs of residents. However there were insufficient cleaning staff, the inspectors were not assured that there was adequate supervision of existing staff. This is further discussed under Regulation 15:Staffing.

The registered provider had a mandatory training schedule in place for 2022 which included fire safety training, infection prevention and control and safeguarding of vulnerable adults. Training matrix records provided to inspector indicated that the majority of staff were up-to-date with most training.

While contracts of care were in place for each resident and had been appropriately signed, inspectors found that action was required to ensure they detailed the requirements set out in the regulations in relation to the terms on which a resident shall reside in that centre. This is further discussed under Regulation 24: Contract for the Provision of Services below.

The provider had an up-to-date complaints policy and the complaints procedure was displayed throughout the centre. However not all complaints were recorded, this is further discussed under Regulation 34:Complaints.

## Regulation 15: Staffing

The registered provider had failed to ensure the number of cleaning staff was appropriate having regard to the needs of the residents and the size and layout of the designated centre. For example:

- The inspectors found the flooring in communal areas to be unclean. Inspectors were informed that each unit in the centre had one household member of staff allocated to clean all bedrooms and the communal toilet and sitting areas with the exception of the dining room. Inspectors were informed that although each residents' bedroom was cleaned on a daily basis, deep cleaning was not possible in the time allotted and with the resources allocated for household tasks. Inspectors were informed that the deep cleaning of bedrooms was only completed when a resident left the service. This arrangement was not in line with best practice.
- On reviewing cleaning rosters and speaking to staff, it was evident there were insufficient resources available.

Judgment: Substantially compliant



## Regulation 16: Training and staff development

Inspectors found cleaning staff were not appropriately supervised, for example:

- On speaking with staff, it was unclear who was responsible for cleaning the communal dining room floor. They were found to be unclean on the day of inspection.
- Cleaning staff spoken with did not know the correct work method for cleaning a resident's bedroom and ensuite.

Judgment: Substantially compliant

## Regulation 22: Insurance

The designated centre had a valid contract of insurance against injury to residents and to protect their property.

Judgment: Compliant

## Regulation 23: Governance and management

The registered provider had not ensured that effective governance systems were in place in all areas to ensure that the service provided was safe and effectively monitored. For example:

- There was insufficient oversight of the cleaning of the centre. The cleaning supervisor post was vacant for ten months. This insufficient oversight is a repeat finding from the previous inspection.
- While infection control audits were carried out, there were no time frames for actions to be carried out nor were the persons responsible identified to resolve issues.

Judgment: Substantially compliant

## Regulation 24: Contract for the provision of services

Inspectors reviewed a sample of three contracts between the resident and the registered provider, and found that they did not clearly set out the terms on

which a resident shall reside in the centre. For example:

- The room numbers of the residents' bedrooms were not correct.

Judgment: Substantially compliant

### Regulation 3: Statement of purpose

The registered provider had a written statement of purpose relating to the designated centre which contained information set out in Schedule 1.

Judgment: Compliant

### Regulation 34: Complaints procedure

The registered provider failed to maintain a record of verbal complaints. While a complaints' folder of written complaints was maintained, the complainant's satisfaction was not recorded. Complaints which were documented, did not record the satisfaction level of the complainant.

Judgment: Substantially compliant

### Regulation 4: Written policies and procedures

The registered provider had policies and procedures in place to guide staff as set out in Schedule 5 available to staff. Policies were reviewed at intervals not exceeding three years and updated in accordance with best practice.

Judgment: Compliant

## Quality and safety

Residents were receiving care and support that met their needs and residents reported that they felt well cared for in the centre. Action was required however to ensure compliance with the Regulations in the following areas; Regulation 7, managing behaviour that challenges and Regulation 27, Infection Control.

Inspectors reviewed a sample of assessment and care plans on the the centre's electronic resident care record management system which had been implemented twelve months previously. A pre-admission assessment was found to be completed for residents prior to their admission to ensure that the centre could support each residents' needs. Assessments were completed on admissions and care plans subsequently developed to provide guidance to staff when providing care. There were records that indicated that residents and their nominated support person, where appropriate, were involved in the four monthly reviews of the residents' care plans. Inspectors identified however that restrictive practice and behavioural support care plans required review. This is discussed further under regulation 7, managing behaviour that is challenging.

Residents' health needs were reviewed by nursing staff, who responded to identified changes in their condition. General practitioners carried out regular reviews on site twice a week and links were in place with other medical and allied health teams as required. The person in charge informed inspectors that although there were arrangements for residents to access private allied health professionals such as occupational therapists and physiotherapists, management were also re-establishing links with community therapists in the area to ensure residents had timely access to these services.

There were arrangements in place for staff to access and complete safeguarding training. The training included information on detection and prevention of abuse. Staff who spoke with inspectors were knowledgeable regarding their role to report any concerns or allegations of abuse immediately to ensure residents' safety. All residents who spoke with inspectors said they felt safe in the centre.

The registered provider did not act as a pension agent for any residents in the centre at the time of the inspection however small sums of money were managed for residents when requested. Inspectors found that the system in place was transparent, records of balances were in order and there were arrangements for residents to access their monies Monday to Sunday, to ensure residents' right to access their monies at all times.

The premises and grounds were maintained to a high standard. The centre was found to be warm, well ventilated and bright. There was appropriate furniture and well maintained equipment in place to support residents. However inspectors identified gaps in practice that were fundamental to good infection prevention and control. This is outlined under Regulation 27, Infection Control.

## Regulation 11: Visits

The registered provider had adequate arrangements in place to facilitate residents meeting with their family and friends in the centre.

Judgment: Compliant

### Regulation 17: Premises

The registered provider had arrangements in place to ensure that the premises was maintained a high standard both internally and externally. The premises was found to be appropriate to the number of residents living there and to their individual and collective needs.

Judgment: Compliant

### Regulation 27: Infection control

The registered provider had not ensured effective governance arrangements were in place to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship. This was evidenced by;

- A number of communal areas such as dining rooms, corridors and storage rooms were found to have a significant amount of debris and some staining on the floors. Inspectors also identified debris in drawers of some cabinets in communal areas. Inspectors observed that many floors were sticky underfoot when walked on.
  - Daily cleaning schedules in communal and service areas throughout the centre were found not to have been completed for several days and in one instance had only been completed three days in the previous month.
  - Inspectors observed that staff were refilling hand hygiene alcohol gel containers when half empty. This was not in line with best practice and posed a risk of cross contamination.
  - Inspectors identified for one resident that antimicrobial medicines had been administered on one occasion prior to receiving the results of sensitivity testing and on another occasion when no cultures had been sent for testing. This was not in line with best practice in relation to antimicrobial stewardship.
  - Inspectors noted the absence of hand hygiene solution for residents' use in key communal areas such as dining rooms and observed that hand hygiene practices were not encouraged pre and post residents meals.
  - Inspectors observed that on some dining room tables that residents names had been placed on to the table with adhesive tape. This posed an infection prevention and control risk as tables could not be cleaned properly.
  - A number of pieces of equipment were observed by inspectors to be stained or visibly dirty. For example, two laundry trolleys were visibly stained and contained debris, some household cleaning equipment such as mops and floor brush heads were visible dirty.
- Inspectors observed that one sluice room was overcrowded with items stored

in it which limited access to the hand wash sink for staff. This posed a risk of cross contamination.

- Inspectors observed that items such as urinal bottle, towels and exposed toilet paper rolls were stored in some communal bathrooms. This posed a risk of cross infection.

Judgment: Not compliant

### Regulation 5: Individual assessment and care plan

Overall it was found that all necessary assessments were in place for residents and that care plans set out residents' needs and how they were to be met. Care plans were revised at least every four months, or more frequently as required.

Judgment: Compliant

### Regulation 6: Health care

The registered provider had appropriate arrangements in place to ensure that residents had timely and appropriate access to medical services, allied health professionals and national screening programmes where required.

Judgment: Compliant

### Regulation 7: Managing behaviour that is challenging

Inspectors were not assured that restrictive practices were used in accordance with current national policy. For example;

- Inspectors identified from a review of residents' care records and from speaking with staff that less restrictive alternatives to restrictive practices such as bedrails had not been trialled for many of the residents.
- Although inspectors were verbally informed that safety checks were completed when restraints were in use, there was no records to provide assurances that these were being completed as required. Furthermore signed consent and multi-disciplinary team reviews of the practices in place had not been documented.
- Behaviour support care plans were found to be in place for residents who displayed responsive behaviours from time to time. Where PRN (as required) medicines were prescribed, inspectors found there was no documented detail

to direct staff to only use the PRN medicines as a last resort when all other non-pharmacological medicines had been tried and failed.

- Furthermore although behaviour observation charts such as Antecedent, Behaviour, Consequence charts, were in place, some of these records did not contain sufficient detail or had been fully completed in order to inform future management and support for the resident.

Judgment: Not compliant

## Regulation 8: Protection

Inspectors found that staff were knowledgeable regarding the actions they should take if an allegation, suspicion or concern of abuse was reported to them, or if they observed or suspected abuse to have taken place. All staff clearly and correctly identified the steps they would take in relation to scenarios posed by the inspectors in order to safeguard residents.

The registered provider did not act as a pension agent for any residents in the centre at the time of the inspection.

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	Substantially compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 22: Insurance	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Regulation 3: Statement of purpose	Compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 4: Written policies and procedures	Compliant
<b>Quality and safety</b>	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Compliant

# Compliance Plan for Nazareth House OSV-0000149

Inspection ID: MON-0037814

Date of inspection: 06/09/2022

## 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 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:            The Registered Provider will come into compliance with Regulation 15, Staffing by:            Completing a review of the existing workforce available, and allocating resources when necessary to ensure the number of cleaning staff allocated is appropriate having regard to the needs of the residents and the size and layout of the designated centre.</p>	
Regulation 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:            The Registered Provider will come into compliance with Regulation 16 by: Ensuring cleaning staff are appropriately supervised and that cleaning staff are informed of the correct work method for cleaning a resident's bedroom and en-suite: Ensuring that the number of cleaning staff allocated is appropriate having regard to the needs of the residents and the size and layout of the designated centre having completed a review of the existing workforce available.</p>	
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>The Registered Provider will come into compliance with Regulation 23, Governance and Management: by appointing a Head Housekeeper to provide oversight of the cleaning of the centre; and amending the infection control audit format to ensure action plans when required to contain the time frame for actions to be carried out and the person/s responsible identified to resolve issues.</p>	
Regulation 24: Contract for the provision of services	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:</p> <p>The Registered Provider will come into compliance with Regulation 24, Contract for the provision of services by: Reviewing and amending the existing and new contracts of care to ensure that they clearly set out the terms on which a resident shall reside in the centre and that each contract of care states the room number of the residents' bedroom.</p>	
Regulation 34: Complaints procedure	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 34: Complaints procedure:</p> <p>The Registered Provider will come into compliance with Regulation 34, Complaints procedure by: Ensuring a record of all verbal complaints is maintained. In the complaints record the complainant's satisfaction with the complaints procedure will be recorded and an assessment of the satisfaction level of the complainant will also be recorded.</p>	
Regulation 27: Infection control	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <p>The Registered Provider will come into compliance with Regulation 27, Infection Control by: Implementing effective governance arrangements to ensure the sustainable delivery of safe and effective infection prevention and control and antimicrobial stewardship and</p>	

placing a priority on-

- The effective cleaning of floor surfaces and internal drawers;
- Putting checks in place to ensure daily cleaning schedules located in communal and service areas throughout the centre are completed;
- The cessation of staff refilling hand hygiene alcohol gel containers when half empty;
- Ensuring that antimicrobial medicines are administered in line with best practice in relation to antimicrobial stewardship;
- The availability of hand hygiene solution for residents' use in key communal areas such as dining rooms and that residents hand hygiene practices are encouraged pre and post resident's meals;
- Instructing staff to cease placing resident's names on dining tables with adhesive tape;
- Ensuring all equipment is thoroughly cleaned;
- Decluttering the identified sluice room with the removal of items stored in it; and
- The removal of any items that should not be stored in communal bathrooms.

Regulation 7: Managing behaviour that is challenging

Not Compliant

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

The Registered Provider will come into compliance with Regulation 7, Managing behaviour that is challenging by: Ensuring that restrictive practices are used in accordance with national policy and placing an emphasis on-

- Ensuring residents' care records reflect the process of trialling less restrictive alternatives to restrictive practices such as bedrails before a decision is agreed;
- Ensuring records are maintained of safety checks completed when restraints are in use.
- Signed consent and multi-disciplinary team reviews of the practices in place will also be documented;
- Where PRN (as required) medicines are prescribed, documentation will be in place to direct staff to only use the PRN medicines as a last resort when all other non-pharmacological medicines had been tried and failed; and
- Ensure that behaviour observation charts such as Antecedent, Behaviour, Consequence charts contain sufficient detail to inform future management and support for the resident.



## Section 2:

### Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	31/01/2023
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	31/12/2022
Regulation 23(b)	The registered provider shall ensure that there is a clearly defined management structure that identifies the lines of authority and accountability, specifies roles, and details responsibilities for all areas of care	Substantially Compliant	Yellow	31/01/2023

	provision.			
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	31/01/2023
Regulation 24(1)	The registered provider shall agree in writing with each resident, on the admission of that resident to the designated centre concerned, the terms, including terms relating to the bedroom to be provided to the resident and the number of other occupants (if any) of that bedroom, on which that resident shall reside in that centre.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/01/2023

Regulation 34(1)(f)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall ensure that the nominated person maintains a record of all complaints including details of any investigation into the complaint, the outcome of the complaint and whether or not the resident was satisfied.	Substantially Compliant	Yellow	31/12/2022
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.	Not Compliant	Orange	31/12/2022