



**Health
Information
and Quality
Authority**

An tÚdarás Um Fhaisnéis
agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	Bellvilla Community Nursing Unit
Name of provider:	Health Service Executive
Address of centre:	129 South Circular Road, Dublin 8
Type of inspection:	Unannounced
Date of inspection:	19 January 2023
Centre ID:	OSV-0000438
Fieldwork ID:	MON-0038881

About the designated centre

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

Bellvilla Community Nursing Unit is a designated centre providing full-time health and social care to dependent men and women over the age of 65 years. The designated centre is located in south Dublin city and registered for 49 beds, all accommodation is located on the ground floor of a single-storey premises. The building is divided into three units of single and double occupancy bedrooms and central communal areas for residents. A day service is operated on the site but does not require entering the long-term residence to access. This service is currently suspended due to the COVID-19 pandemic.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	47
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This inspection was carried out to assess compliance with the Health Act 2007 (as amended), the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 (as amended), and the Health Act 2007 (Registration of Designated Centres for Older People) Regulations 2015 (as amended). To prepare for this inspection the inspector of social services (**hereafter referred to as inspectors**) reviewed all information about this centre. This included any previous inspection findings, registration information, information submitted by the provider or person in charge and other unsolicited information since the last inspection.

As part of our inspection, where possible, we:

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

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

1. Capacity and capability of the service:

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

2. Quality and safety of the service:

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

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

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
Thursday 19 January 2023	08:15hrs to 18:45hrs	Margo O'Neill	Lead

What residents told us and what inspectors observed

The inspection took place in Bellvilla Community Nursing Unit over the course of a day and during this time the inspector took the opportunity to speak to residents and visitors to gain insight about living in the centre and feedback about the service. Overall residents who spoke with the inspector reported they were happy with the care delivered, felt supported by the staff and that they felt secure and safe living in the centre.

Residents reported positively about the staff saying that staff were 'great' and that they always came to them when assistance was required. The inspector observed that staff were respectful and kind in their interactions with residents.

The centre, located in Dublin 8, is comprised of 19 single bedrooms and 15 double bedrooms in a single storey premises. The inspector observed that residents' bedrooms were spacious, clean and contained furniture and storage for residents' personal belongings. Some residents had personalised their rooms with photos, cushions and other personal items. Most residents who spoke with the inspector were happy with their bedrooms. The shared bathrooms and en-suites facilities viewed by the inspector were found to have adequate space and facilities to allow residents to undertake personal care activities independently or comfortably with assistance if required.

The inspector observed that the multi-occupancy bedroom privacy curtains had been reconfigured to enhance residents' rights to privacy and autonomy. Storage space was now available to residents within their privacy curtain. The new layout of the curtains also ensured that residents could access the exit and en suite facilities without disturbing or having to enter the private space of the other resident occupying the room.

The centre's dining room was observed to be bright and contained appropriate furniture, such as enable tables for wheelchair users to use at meal times. There were a number of sitting rooms, seating areas along corridors and a snoozaleum room which was used for visiting at the time of the inspection. All areas were found to be clutter-free and decorated nicely.

The inspector observed that the small oratory and family room located near the entrance of the centre remained unavailable to residents or their families to use since the last inspection. The oratory was still being used for storage and the carpet remained heavily stained and in need of attention. Management informed the inspector that the family room, which only contained a bed, was still reserved as an isolation room.

A large, safe enclosed patio area was located at the far end of the centre. This area contained seating areas with tables for residents to use and enjoy when weather permitted and the centre's designated smoking area. The inspector identified similar

findings on this inspection as had been identified on the last inspection in May 2022. The inspector observed that the patio area near to the centre door continued to be littered with cigarette ends and that there was garden debris throughout. This required attention.

A dedicated activity team of two full-time activity staff worked Monday to Sunday, to provide a programme of activities to residents. The inspector observed small group activities being held by the activity coordinator during the course of the inspection in a number of different sitting areas. For example, two residents were observed to be involved in a ball throwing game in the morning and later that day the inspector observed a lively sing-a-long session in the communal space of one of the units and a local therapy dog also visited the centre during the inspection.

Residents were familiar and at ease with the activity coordinator and residents were seen to enjoy these group activities. However, the inspector observed that when activity staff were not in a communal space, residents were observed to spend long periods of time sitting, often in a row of seats in front of the television. Some residents were observed to spend a long period of the day sleeping in these chairs also with little occupational or recreational activation. The inspector observed that at all times a member of staff was present in the communal spaces and rooms to be available to supervise and provide assistance to residents. While all interactions between these staff and residents were kind and respectful, their interactions were mainly task-based in nature; such as providing assistance to residents with their drinks. Although there were items like books and large televisions available, the inspector did not observe resources such as arts and crafts material or other items of interest to occupy residents in these communal spaces.

The inspector observed that some residents displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Although staff knew residents well and implemented the behavioural support strategies outlined in residents' behavioural support plans, such as going for walks and offering cups of tea; for some residents this was not adequate support in order to de-escalate their behaviour. As a result, this at times resulted in a loud and unsettling environment where other residents were sitting.

The inspector observed that mealtimes were taking place where ever residents chose to eat. For some residents this was the dining room, for others the seating areas, sitting rooms or their bedrooms. The inspector noted for residents in the Katie Barrett area, they spent much of their day in the sitting area on this unit where meals were also served. The inspector observed that this communal space was at times very loud and distracting due to the area being used as a thoroughfare by staff and residents from one part of the centre to another and by residents to reach the main outdoor and smoking areas. This impacted on residents' dining experience.

While some residents reported that the food was lovely, overall residents reported to the inspector that the food on offer in the centre was 'fine' or 'okay'. This was discussed with the centre's management who outlined plans to incorporate

Kitchenette areas on each unit in the near future.

Visitors attended the centre throughout the day of the inspection, with most visits taking place in bedrooms. Visitors who spoke with the inspector were complimentary of the staff working in the centre and of the service as a whole that was being provided to their relatives.

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

This inspection was carried out to monitor compliance with the regulations and to follow up on three concerns received by the Chief inspector since the last inspection in May 2022. These concerns were related to safeguarding of residents living in the centre. The inspector identified that action was required to ensure residents were safeguarded from abuse, management and staff were recognising and investigating all concerns, incidents or allegations of abuse thoroughly and implementing effective measures to mitigate and protect residents.

Outstanding actions identified on the last inspection in May 2022 were also followed up by the inspector and found that although some improvements had been made in some of the areas, overall the governance and oversight systems were inadequate and contributed to the ineffective systems of monitoring and oversight that resulted in repeated substantial or non-compliance under Regulation 17, Premises, Regulation 23, Governance and management, Regulation 27, Infection control and Regulation 9, Residents' rights. Additionally the inspector identified that action was required under Regulation 7, Managing behaviour that is challenging and Regulation 8, Protection.

The Health Service Executive is the registered provider for Bellvilla Community Nursing Unit. There is an established and well defined management and governance structure in place. The management team responsible for the the day-to-day operations within the centre was led by the person in charge, who was supported by one assistant directors of nursing, seven clinical nurse managers and a catering manager. The centre was found to be adequately resourced to ensure the provision of care to residents as detailed in the centre's statement of purpose however action was required to improve the management systems in place that monitored the service provided to residents. This is discussed under Regulation 23, Governance and Management.

There was a new person in charge in place in the centre who had started their role in September 2022. They held the necessary qualifications and experience to meet the requirements of Regulation 14, Person in charge. The person in charge was known to most residents, who reported that they would be happy to bring issues or

concerns to the person in charge's attention if required.

Action had been taken following the last inspection and training was made available for staff on relevant topics to ensure that staff had the knowledge and skills to fulfil their roles. Records reviewed by the inspector indicated that the vast majority of staff were up-to-date with mandatory and other relevant trainings to their role.

The inspector identified that not all notifiable incidents had been reported to Chief Inspector as prescribed in Schedule 4 of the regulations. Furthermore the registered provider had made a late payment of the required annual fee in 2022 as set out in the Health Act 2007 (Registration of designated centres for older people) Regulations 2015.

Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people

The registered provider had made a late payment of the required annual fee as set out in the Health Act 2007 (Registration of designated centres for older people) Regulations 2015. At the time of the inspection the required fee had been received.

Judgment: Substantially compliant

Regulation 14: Persons in charge

The person appointed by the registered provider to fill the role of person in charge of the designated centre met the requirements of the regulations.

Judgment: Compliant

Regulation 16: Training and staff development

The training matrix record reviewed by the inspector indicated that staff were up-to-date with mandatory and other relevant trainings.

Judgment: Compliant

Regulation 23: Governance and management

Management systems required strengthening to ensure effective monitoring of the

service in the following areas:

- Management systems for the oversight for the maintenance of the premises and the standard of maintenance work completed required strengthening. For example the inspector identified that the oratory and the family room remained unavailable for residents' use, this is a repeat finding.
- Systems in place to provide oversight for the protection and safeguarding of residents required review and action to ensure that the registered provider had taken all reasonable measures to protect residents from abuse. This is detailed further under Regulation 8, Protection.
- Action was required to ensure that residents had adequate recreational and occupational opportunities. The inspector observed that many residents were observed to spend long periods of day sitting, often in a row of seats in front of the television, with little other opportunities for activation.

Judgment: Not compliant

Regulation 31: Notification of incidents

During the inspection the inspector identified that notifiable incidents had occurred, however, the Chief Inspector had not been notified. The person in charge undertook to complete the required notifications for submission.

Judgment: Substantially compliant

Quality and safety

There was a good standard of health care being delivered to residents living in Bellvilla Community Nursing Unit. Residents reported they were satisfied living in centre and that their rights were respected in how they spent their day. Improvement was required however under Regulation 9, Residents' rights, Regulation 8, Protection, Regulation 17, Premises, Regulation 7, Managing behaviour that is challenging and Regulation 27, Infection Control to come into compliance with the regulations and for ongoing quality improvement.

The registered provider had put arrangements in place so that staff were facilitated to attend training in supporting residents with responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). The inspector observed that a small number of residents were periodically predisposed to episodes of responsive behaviours. Although staff were familiar with these residents, potential triggers and de-escalation strategies for their behaviours, this was not always

sufficient or effective to ensure that residents were supported and their behaviours effectively managed. This is detailed further under regulation 7, Managing behaviour that is challenging.

The registered provider had taken steps to ensure the full workforce had undertaken safeguarding training which included information on detection, reporting and preventing abuse. Staff who spoke with the inspector were knowledgeable regarding their role to report any suspicions, concerns or allegations of abuse immediately to ensure residents' safety. Although these measures had been put in place, the inspector became aware of an ongoing situation that was impacting residents' right to peaceful enjoyment of their lives and their quality of life on one unit. These incidents had not been recognised as a safeguarding concern, had not been investigated fully nor been referred to the community safeguarding team.

An activity programme was facilitated Monday to Sunday by the centre's activity team. A number of small group activities were observed in a number of different sitting areas and a local therapy dog visited the centre during the course of the inspection. The inspector observed that for many residents however a large portion of their day was spent sitting in communal areas or in their rooms watching television. Action was required to ensure that there was adequate recreational or occupational opportunities and activities provided to residents.

Overall the centre was found to be clean and well ventilated. A small number of issues were identified as set out under Regulation 27, Infection control. The inspector identified repeat findings regarding Regulation 17, Premises. Action was required to ensure that all communal spaces outlined in the centre's statement of purpose were available for residents use and that routine maintenance work was carried out regularly so that all areas of the premises were maintained to an appropriate standard.

Regulation 17: Premises

The inspector observed that two communal rooms, the centre's oratory and the family room remained unavailable to residents to use as they were currently functioning as a storage and a designated isolation room respectively.

There was inappropriate storage also recognised in other areas. For example; in one assisted bathroom items such as hoists, an armchair, two wheelchairs and boxes from electrical appliances found to be stored there.

The inspector also found that the maintenance arrangements required further action to ensure that all areas of the premises, including the patio area, were maintained to a good standard. As these are repeat findings, this results in a judgement of not compliant.

Judgment: Not compliant

Regulation 27: Infection control

The inspector found that improvements were necessary to ensure that infection prevention and control in the centre reflected the National Standards for infection prevention and control in community services (2018).

- There were items stored on the floor in storage rooms, meaning the floors could not be cleaned effectively. There was visible debris on the floors. This is a repeat finding.
- The inspector observed in some areas there was chipped paint work on walls in different areas of the centre and numerous small holes in some multi-occupancy bedrooms which had not yet been filled in following reconfiguration work of privacy curtains. This impacted on effective cleaning.
- There was adhesive tape used through out the centre to hang posters on walls, doors and other surfaces. This impacted on effective cleaning.
- Not all equipment was decontaminated and maintained to minimise the risk of transmitting a healthcare-associated infection. For example, the inspector observed a commode in one communal bathroom to be visibly unclean. This posed a risk of cross-contamination.

Judgment: Substantially compliant

Regulation 7: Managing behaviour that is challenging

The inspector observed that a small number of residents living in the centre displayed responsive behaviours (how people living with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social or physical environment). Behavioural support care plans were developed for residents and these detailed the triggers to behaviours and contained de-escalation strategies to guide staff when supporting residents. Although staff knew residents well and implemented the behavioural support plans, the strategies used were not effective in de-escalating some residents' responsive behaviours. On the day of the inspection, the inspector observed that despite ongoing staff efforts to respond to a resident's behaviour, through implementing the de-escalation techniques from the resident's care plan, the resident continued to display these behaviours while amongst other residents. The provider failed to adequately support this resident and alleviate the impact of these behaviours on other residents' quality of life.

Furthermore the inspector noted that although restrictive practice care plans contained person-centred detail regarding non-pharmacological de-escalation techniques to use; care plans for residents assessed as requiring 'as-required'

medicines did not contain directions to inform staff to exhaust all non-pharmacological strategies first, before administering 'as-required' restrictive medicines.

Judgment: Substantially compliant

Regulation 8: Protection

The inspector was not assured that the registered provider had taken all reasonable measures to protect residents from abuse. During the inspection the inspector became aware of an ongoing situation that was impacting residents' right to peaceful enjoyment of their lives and their quality of life on one unit. This situation and incidents had not been recognised as a safeguarding concern, had not been investigated fully nor been referred to the community safe-guarding team. The centre's policy outlines a zero tolerance approach to all forms of abuse however this zero tolerance approach had not been adhered to when dealing with this situation.

Judgment: Not compliant

Regulation 9: Residents' rights

Based on the inspector's observations, action was required to ensure that there was sufficient recreational and occupational opportunities and resources provided for residents. Although there was an activity programme running Monday to Sunday, the inspector observed that for many residents a large portion of their day was spent sitting in communal areas or in their rooms watching television with few other recreational or occupational opportunities and activities.

The inspector observed too that the communal space on the Katie Barrett unit which was used by a number of residents as a dining and living space, was at times very loud and distracting due to the area being used as a thoroughfare by staff and residents moving from one part of the centre to another and by residents to reach the main outdoor and smoking areas. This required attention to ensure that residents were afforded a calm and enjoyable dining experience.

Acknowledging that access to the centre's dining room was now unrestricted for residents and that many residents choose where to take their lunch, the inspector observed again that residents were not always able to eat a meal comfortably due to the furniture available to them. For example, the inspector observed that one resident was seated in a low armchair while their meal was placed on a table that could not be lowered sufficiently to allow the resident comfortable access.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially compliant
Regulation 14: Persons in charge	Compliant
Regulation 16: Training and staff development	Compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Substantially compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Bellvilla Community Nursing Unit OSV-0000438

Inspection ID: MON-0038881

Date of inspection: 19/01/2023

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
Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 8: Annual fee payable by the registered provider of a designated centre for older people:</p> <ul style="list-style-type: none"> • The Person In Charge will ensure timely renewal of registration 6 months in advance of the expiry date - Ongoing • An additional communication reminder established in 2022 between the RRP's office and the unit's nurse management team to support the timely payment of annual fees – Completed 16th November 2022. 	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <ul style="list-style-type: none"> • A review and strengthening of the existing governance oversight for the completion of 2023 scheduled premise maintenance works was completed. This generated an updated project plan for delivery of works with consideration of risks for potential restriction of works due to unexpected outbreak status etc. Completed 12th February, 2023 • Access to the family room restored to residents and visitors as per statement of purpose Completed 12th February, 2023. • Access to reconfigured oratory space restored to residents and visitors as per statement of purpose Completion Target 30th June, 2023 <p>Residents' Rights</p>	

- Review and strengthen residents’ options in the planning and delivery of daily menu options including snack provisions based on the preferences outlined in each individual’s care plan reviewed on a four monthly basis. Ongoing
- Arising from the centre’s nurse management completing a quality improvement review of residents’ recreational activities in 2022, a revised programme of activities actioned for 2023. The plan is to consider increasing individual and group interaction experiences with consideration of external coordinators. Completion Target, 31st Sept 2023
- A CHO wide CNU Activity Staff Peer Support Group was established in Qtr 1 2023. This group will meet on a bi-monthly basis to promote shared learning on innovative individual and group activities for residents across all public units in this catchment area. This collaborative approach was based on a 2023 quality improvement recommendation, generated from engagement with the Director of Nursing group across all CNUs in the CHO with the registered provider and management in Qtr 4 2022. Completed 29th March, 2023
- Management implemented limited staff access through to the designated communal area in the Katie Barrett unit during dining times to promote a calm and noise free dining experience. Ongoing
- Ongoing collaboration with residents to encourage a preference to dine in the large designated dining area in the centre rather than the communal space in the Rose Hackett area. A key focus is to enhance their mealtime experience. Ongoing
- Management actioned the removal of all low armchairs in the lobby area and replacement with higher back supported chairs for residents. Target for Completion Target 31st December, 2023

Protection

- Review and strengthening of the existing management oversight systems for the protection of safeguarding of residents. A key objective is to ensure all reasonable measures are applied to protect residents from abuse Ongoing
- Additional staff allocation as per individual care plan where there are concerns identified around residents with responsive behaviour impacting other residents- Ongoing
- Engagement with a designated liaison person for the unit from the Community Adult Safeguarding Team to obtain guidance support on all safeguarding concerns Ongoing
- All the nurse management team in the Centre to complete a refresher course in safeguarding utilizing “the toolkit for managers on safeguarding” developed by the National Safeguarding Office to promote greater awareness of the importance of identifying and timely reporting of notifiable incidents as part of everyday work practices across the unit. Completion 31st January, 2023
- CNMII recruited to the nurse management team to enhance governance oversight on the timely notification of notifiable incidents including the reviewing and reporting of safeguarding incidents. Completion Target, 31st September, 2023

Regulation 31: Notification of incidents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 31: Notification of	

incidents:

Protection

- Review and strengthening of the existing management oversight systems for the protection of safeguarding of residents. A key objective is to ensure all reasonable measures are applied to protect residents from abuse Ongoing
- Additional staff allocation as per individual care plan where there are concerns identified around residents with responsive behaviour impacting other residents- Ongoing
- Engagement with a designated liaison person for the unit from the Community Adult Safeguarding Team to obtain guidance support on all safeguarding concerns Ongoing
- All the nurse management team in the Centre to complete a refresher course in safeguarding utilizing "the toolkit for managers on safeguarding" developed by the National Safeguarding Office to promote greater awareness of the importance of identifying and timely reporting of notifiable incidents as part of everyday work practices across the unit. Completion 31st January, 2023
- CNMII recruited to the nurse management team to enhance governance oversight on the timely notification of notifiable incidents including the reviewing and reporting of safeguarding incidents. Completion Target, 31st September, 2023

Management of Challenging Behaviour

Centre's existing systems for monitoring of the application of the centre's existing policy relating to the management of residents with responsive behaviours reviewed and strengthened. A key objective is to provide assurances that:

- An application of a risk assessment completed for each resident displaying responsive behaviour. Ongoing
- the provision of 1:1 staff support given to a resident's where there is potential risk of abuse to other residents and staff Ongoing
- Community safeguarding team notified of any incident where resident to resident abuse occurs. Ongoing
- Restraint register reviewed and updated to reflect the current restrictive practices in place in the centre. Ongoing
- Four monthly care plan review to ensuring the care pathway for each resident aligns with the centre's current restrictive practice policy. Ongoing
- Liaison and communicate with residents and their families. Ongoing.

Governance and Management

- The Community Mental Health team and Integrated Care Team reviewed current residents displaying challenging behaviour for Older Person (ICPOP) team. This generated revised individual care plans based on their recommendations. Completed 31st February 2023
- Additional care staff training programme (to include activity staff) on the management of responsive behaviours in people with dementia targeted to address identified training needs. The training programme includes: Foundation in Dementia Care, Leadership in Dementia Care, Responsive Behaviours, Lifestory and Activity in Dementia Care and Communication. Completion Target 31st April 2023.
- Nursing Management complete a post review of responsive behavior management training three months post initiative to ensure effective application of training knowledge to everyday work practices. Completion Target 31st August, 2023

Regulation 17: Premises	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 17: Premises:</p> <ul style="list-style-type: none"> • A review and strengthening of the existing governance oversight for the centre’s planned 2023 maintenance works for the centre. This generated an updated timeline for delivery of works with consideration of potential delays linked to an unexpected outbreak status during this time period – Completed 12th February, 2023 • Access to the family room restored to residents and visitors as per statement of purpose Completed 12th February, 2023 • Access to reconfigured oratory space restored to residents and visitors as per statement of purpose Completion Target 30th June, 2023 • Management oversight for the cleaning of the surrounding patio areas realigned to the centre’s local maintenance support team with the commitment to deliver cleaning support for this area every 6 weeks Completed 31st January, 2023. • All items stored in the assisted bathroom removed and stored in the centre’s designated storage areas. Completed 19th January, 2023. • Further storage provision area to be made available in the centre post completion of targeted 2023 schedule of works. Completion Target 30th June, 2023. 	
Regulation 27: Infection control	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 27: Infection control:</p> <ul style="list-style-type: none"> • A review and strengthening of the existing governance oversight for the completion of 2023 scheduled premise maintenance works was completed. This generated an updated project plan for delivery of works with consideration of risks for potential restriction of works due to unexpected outbreak status etc. Completed 12th February, 2023. • All items stored in the assisted bathroom removed and stored in the centre’s designated storage areas Completed 19th January, 2023. Additional general storage provision available in the centre post completion of 2023 schedule of works. Completion Target 30th June, 2023. • Staff advised against the inappropriate practice of the use of adhesive tape in the centre. Ongoing • Management actioned the removal of all old and rusty commodes. Ongoing 	

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:</p> <p>Management of Challenging Behaviour</p> <p>Centre's existing systems for monitoring of the application of the centre's existing policy relating to the management of residents with responsive behaviours reviewed and strengthened. A key objective is to provide assurances that:</p> <ol style="list-style-type: none"> An application of a risk assessment completed for each resident displaying responsive behaviour. Ongoing the provision of 1:1 staff support given to a resident's where there is potential risk of abuse to other residents and staff. Ongoing Community safeguarding team notified of any incident where a resident to resident abuse occurs. Ongoing Restraint register reviewed and updated to reflect the current restrictive practices in place in the centre. Ongoing Residents displaying responsive behaviour managed in a consistent manner of applying the most effective engaging approach with the least restrictive nature. Ongoing Four monthly care plan review to ensuring the care pathway for each resident aligns with the centre's current restrictive practice policy. Ongoing Liaison and communicate with residents and their families. Ongoing. <p>Governance and Management</p> <ul style="list-style-type: none"> Current residents displaying responsive behavior reviewed by the Community Mental Health team and Integrated Care Team for Older Person (ICPOP) team. This generated revised individual care plans based on their recommendations. Completed 31st February, 2023. Additional care staff training programme (to include activity staff) on the management of responsive behaviours in people with dementia targeted to address identified training needs. The training programme includes: Foundation in Dementia Care, Leadership in Dementia Care, Responsive Behaviours, Lifestory and Activity in Dementia Care and Communication. Completion Target 31st April 2023. Nurse management complete a review of management of responsive behavior training three months post initiative to ensure effective application of training knowledge to everyday work practices. Completion Target 31st August, 2023. 	
Regulation 8: Protection	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 8: Protection:</p> <ul style="list-style-type: none"> Review and strengthening of existing monitoring of the centre's safeguarding management processes, with particular focus on residents displaying responsive behaviours and impact on other residents. A key objective is to ensure all reasonable 	

measures are applied to ensure adherence to the zero tolerance policy for all forms of abuse

- Residents with responsive behaviour managed in a consistent manner applying an effective engaging approach with the least restrictive nature as per the centre’s restrictive practice policy. Ongoing
- The application of a risk assessment for each resident displaying responsive behaviour and the provision of 1:1 staff supervision measures where there is potential risk of abuse to other residents and staff. Ongoing.
- All safeguarding concerns investigated fully and reported to the community safeguarding team. Ongoing.
- Additional staff allocation as per individual care plan where there are concerns identified around residents with responsive behaviour impacting other residents- Ongoing
- Engagement with a designated liaison person for the unit from the Community Adult Safeguarding Team to obtain guidance support on all safeguarding concerns Ongoing
- Review of nursing care plans (every four months) to ensure resident’s care plans align with the centre’s zero tolerance policy for all types of abuse. Ongoing.
- All the nurse management team in the Centre to complete a refresher course in safeguarding utilizing “the toolkit for managers on safeguarding” developed by the National Safeguarding Office to promote greater awareness of the importance of identifying and timely reporting of notifiable incidents as part of everyday work practices across the unit. Completed, 31st January, 2023.
- CNMII recruited to the nurse management team to enhance governance oversight on the timely notification of notifiable incidents including the reviewing and reporting of safeguarding incidents. Completion Target, 31st September, 2023.

Governance and Management

- The Community Mental Health team and Integrated Care Team for Older People reviewed current residents displaying challenging behaviours. This generated revised individual care plans based on their recommendations. Completed 28th February, 2023.
- Nurse management engagement with Community Safeguarding Team to review incidents of responsive behaviours amongst residents in the unit. Community Safeguarding Team specified if any resident are affected by another resident’s behaviour then it will be considered psychological abuse. This was communicated to ward staff. Completed 28th February, 2023.

Regulation 9: Residents' rights	Substantially Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

- Review and strengthen residents’ options in the planning and delivery of daily menu options including snack provisions based on the preferences outlined in each individual care plan on a four monthly basis. Ongoing
- Arising from the centre’s nurse management completing a quality improvement review of residents’ recreational activities in 2022, a revised programme of activities actioned for

2023. The plan is to consider increased individual and group interaction experiences with consideration of external coordinators. Completion Target, 31st Sept 2023

- A CHO wide CNU Activity Staff Peer Support Group was established in Qtr 1 2023.

This group meet on a bi-monthly basis to promote shared learning on innovative individual and group activities for residents across all public units in this catchment area. This collaborative approach was based on a quality improvement recommendation generated from engagement with the Director of Nursing group across all CNU's in the CHO with the registered provider and management in Qtr 4 2022. Completed 29th March, 2023.

- Management implemented limited staff access through to the designated communal area in the Katie Barrett unit during dining times to promote a calm and noise free dining experience. Ongoing.

- Ongoing collaboration with residents to encourage a preference to dine in the large designated dining area in the centre rather than the communal space in the Rose Hackett area. A key focus is to enhance their mealtime experience. Ongoing

- Management actioned the removal of all low armchairs in the lobby area and replacement with higher back supported chairs for residents. Target for Completion 31st December 2023.

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
Registration Regulation 8(2)	The annual fee is payable by a registered provider in three equal instalments on 1 January, 1 May and 1 September each year in respect of each four month period immediately following those dates and each instalment is payable not later than the last day of the calendar month in which the instalment falls due	Substantially Compliant	Yellow	19/01/2023
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	Not Compliant	Orange	28/02/2023

	purpose prepared under Regulation 3.			
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	30/06/2023
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Not Compliant	Orange	30/09/2023
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	30/06/2023
Regulation 31(1)	Where an incident set out in paragraphs 7 (1) (a) to (j) of Schedule 4 occurs, the person in charge shall give the Chief Inspector	Substantially Compliant	Yellow	31/01/2023

	notice in writing of the incident within 3 working days of its occurrence.			
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	30/09/2023
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	30/09/2023
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	30/09/2023