Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Office of the Chief Inspector

Report of an inspection of a Designated Centre for Older People

Name of designated centre:	Beneavin Lodge Nursing Home
Name of provider:	Beneavin Lodge Limited
Address of centre:	Beneavin Road, Glasnevin, Dublin 11
Type of inspection:	Unannounced
Date of inspection:	27 March 2019
Centre ID:	OSV-0000117
Fieldwork ID:	MON-0025995

About the designated centre

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

The centre offers long and short term care for adults and respite care and convalescence for adults over 18 years old including individuals with a diagnosis of dementia. The designated centre provides 70 beds in a purpose-built premises which is divided into two units: Botanic on the ground floor and Iona unit on the second floor. There is an enclosed courtyard garden which is accessible from the ground floor. The centre is located close to local amenities and public transport routes. There is a large car park at the front of the building.

The following information outlines some additional data on this centre.

Current registration end date:	17/01/2022
Number of residents on the date of inspection:	68

How we inspect

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
27 March 2019	10:00hrs to 17:00hrs	Ann Wallace	Lead
27 March 2019	10:00hrs to 17:00hrs	Gearoid Harrahill	Support
27 March 2019	11:10hrs to 17:15hrs	Deirdre O'Hara	Support

Views of people who use the service

Overall residents and families who spoke with inspectors expressed high levels of satisfaction with the care and services provided to them in the designated centre.

Residents told the inspectors that staff were very kind and that they worked hard to ensure that their needs were met. Relatives said that staff were respectful of the residents and that they kept the family informed if there were any changes to the person's health or well-being. Residents and relatives said that they saw the person in charge regularly and if they had any queries that she was available for them. A number of relatives commented on the recent improvements that had been made in the designated centre in relation to staffing and communications with families. One family who had recently raised a complaint said that they were satisfied with how it had been managed.

Most residents who spoke with the inspectors said that they enjoyed their meals and that there was sufficient choice available to ensure that they could choose something they liked from the menu. Residents on the ground floor told the inspectors that they enjoyed meeting their visitors and other residents at the coffee dock in the ground floor dining room.

Residents said that they were comfortable in the designated centre and that the layout of the premises met their needs. They told the inspectors that their bedrooms were comfortable and that they had sufficient places to store their belongings. A number of bedrooms were personalised with pictures and ornaments from home and residents took pride in showing the inspectors around their personal space.

Residents said that they could get up and go to bed when they chose to do so and that daily routines were flexible around the set meal times. Some residents chose to spend most of their time in their room and said that they liked the privacy and comfort of their own space. Residents were encouraged to take part in the activities programme that was on offer but where residents declined this was respected by staff. One group of residents were attending an art class in the activities room on the morning of the inspection and told the inspectors how much they enjoyed the class. During the session two ladies were encouraged to play the piano for the rest of the group and took a real pride in showing their musical skills to the group and to the inspectors.

Capacity and capability

Inspectors found that the improvements identified at the previous inspection in October 2018 had been sustained. There was an established staff team who knew the residents well and as a result care was person centred. Staff said that they were supported in their work and that there were enough staff on duty to provide a safe and effective service for the residents.

Residents and families commented on the changes that had been made and told the inspectors that the care and services had improved over the past few months. Families had been given the opportunity to meet with the person in charge to discuss any concerns or issues that they had. Overall families were happy with the response that they had received and felt that they were being listened to.

Care and services were monitored through a comprehensive quality assurance system and key performance indicators were reviewed through the quality and safety committee. As a result inspectors found that the oversight of key areas such as falls and incidents had improved since the last inspection. However improvements were still required to ensure that any improvement actions identified were implemented and that the outcome of these actions were monitored to ensure that the required improvements were achieved and sustained.

Regulation 15: Staffing

The number and skill mix of the staff was appropriate to meet the needs of the residents and took into account the layout of the designated centre.

There was a nurse on each unit at all times. Nursing staff were supervised and supported in their work by the clinical nurse manager for their unit.

Inspectors found that the improvements that had been achieved at the last inspection in relation to staffing had been sustained. Staffing vacancies had been filled and the turn over of staff had stabilised. As a result there was an established staff team who knew the residents well and who could provide continuity of care for them. Records showed that the use of agency staff had continued to reduce over the previous three months and where agency staff were used they received an appropriate induction and orientation on the unit to which they were allocated.

Judgment: Compliant

Regulation 16: Training and staff development

The inspectors found that staff had access to appropriate training and that staff

were effectively supervised in their work.

There was a comprehensive induction programme in place to ensure that new staff members received all the required training and induction sessions before being included on the staff roster for their unit. The induction training included policies and procedures in relation to the member of staff's area of work. As a result staff were clear about the standards that were expected of them in their role and took responsibility for the quality of the care and services that they provided for the residents.

Staff had access to regular updates in key areas such as manual handling, fire safety and safeguarding of vulnerable adults. Records showed that staff were up to date in their mandatory training requirements. The majority of staff had also attended training in the management of responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social of physical environment). This was an improvement from the previous inspection. In addition the provider had started the process of rolling out training in falls management to all staff.

Clinical nurse managers provided day to day support and supervision for the nursing and care staff working on their units. Care staff also received support form the senior carers on their units. Staff received feedback on their performance and were informed if improvements were required. Records showed that where staff underperformed this was managed through the centre's performance management process and ongoing training and support.

Judgment: Compliant

Regulation 23: Governance and management

Inspectors found that the designated centre had sufficient resources to ensure that care and services were provided in accordance with the statement of purpose.The actions from the previous inspection in relation to meetings with residents and families had been completed, however two recurrent non compliance in relation to premises and not been adequately addressed in line with the compliance plan submitted by the provider following the previous inspection.

There was a clearly defined management structure in place that identified the roles and responsibilities and lines of authority and accountability for all areas of care and services.

Staff were clear about their role and their delegated areas of responsibility and about who they reported to in their day to day work. Staff were also clear about who was responsible for other aspects of the resident's care and welfare and knew how to ensure that relevant information was communicated effectively.

There was a comprehensive quality assurance programme in place to monitor the

quality and safety of care and services provided for the residents. The programme had been extended since the last inspection to include the resident's dining experience. Improvements had also been made to ensure that all residents and their families were given the opportunity to meet with the person in charge and discuss how the service was meeting their needs. Their feedback was included in the comments and review process. The inspectors noted that some improvements were required to ensure that where improvements were identified that a clear action plan was agreed and that the outcome of the agreed changes was then reviewed through the quality assurance process.

The designated centre had completed an annual review for 2018. The annual review included feedback from residents and their families. The document was being ratified at the time of the inspection and was due to be shared with residents and other stakeholders in the coming weeks.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

Each resident had a written contract for care and services which had been signed by the resident and or their representative.

Inspectors reviewed a sample of written contracts of care. The records showed that the contract had been agreed and signed with the provider. The document outlined the regular fees payable by the resident as well as facilities and services which incurred additional charges. Contracts specified whether a resident was entitled to a single room or a shared room under the terms of their residency.

Judgment: Compliant

Regulation 34: Complaints procedure

There was a complaints procedure in place which was made available to residents and their families on admission. The complaints procedure included information on how to make a complaint, the person responsible for managing complaints and the appeals process if the complainant was not satisfied with how a complaint was managed. Inspectors found that the policy needed to clarify who was responsible for managing complaints in the designated centre as it stated that a member of the senior management team had this role however records showed that the person in

charge was managing complaints in the designated centre.

Residents and their families said that they knew how to make a complaint and that they could talk to managers and staff if there was anything that they wanted to raise in relation to their care or services.

The inspectors reviewed the complaints log and found that complaints were recorded and managed in line with the designated centre's policy and procedures. Formal complaints were investigated and the findings were communicated to the person who had made the complaint. The complainant's level of satisfaction was recorded.

Complaints were monitored as part of the designated centres quality and safety monitoring programme and senior managers were aware of recent complaints that had been made and how these were being managed by the person in charge. Records showed that any learning from complaints investigations were communicated to the relevant members of staff.

Judgment: Substantially compliant

Quality and safety

Inspectors found that residents received a high standard of evidence based nursing from staff who knew them well. As a result care was person centred and took into account each resident's needs and preferences for care and daily routines. Each resident had a comprehensive assessment of their needs and a care plan to guide staff around their care needs. However some improvements were required to ensure that all care plans and risk assessments contained sufficient detail to guide care and that they included a clear record of how decisions had been made, for example in the use of bed rails.

Overall the premises were warm and comfortable and laid out to meet the needs of the current residents however hoists and laundry equipment were still being stored in communal bathrooms and toilets. This issue had not been adequately addressed in line with the compliance plan from the previous inspection.

Residents told the inspectors that staff were kind and respectful and that they felt safe in the designated centre. Inspectors observed that staff demonstrated genuine respect and empathy in their dealings with residents and their families. Residents said that if they had any concerns that they could talk to a member of staff and that they were listened to.

Inspectors found that improvements had been made since the previous inspection in relation to resident's privacy and dignity. Alternative arrangements had been implemented for staff handover meetings and phone calls to doctors. The new arrangements helped to ensure that personal information was discussed in private

and could not be overheard by other residents and staff. Inspectors found that daily routines were flexible and that residents were supported to spend their day as they wished. Residents were offered choices at meal times, activities on offer and where to spend their time. Staff encouraged residents to maintain their independence as far as possible and residents were seen mobilising around the units either by themselves or with staff. However inspectors observed that the management of one residents responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social of physical environment) was restricting other residents' access to toilet and bathroom facilities on their unit.

The activities programme had been further developed to ensure that the range of activities and entertainments that were on offer were suitable for the current residents in the centre. As a result residents had access to meaningful occupation and social events in line with their abilities and needs.

Regulation 17: Premises

Overall the inspectors found that the premises was appropriate to the number and needs of the residents living in the designated centre. However the provider had failed to address the storage of hoists and slings in line with compliance plan agreed following the last inspection. In addition improvements were still required in relation to how maintenance issues were communicated and monitored in the designated centre. Inspectors also found that one of the homestead lounges on the first floor did not provide adequate space for the number of residents who were occupying the area.

The centre was clean, nicely lit and well ventilated. There were large rooms on both floors in which group activities could be held. There were a number of communal lounges available for residents, and on the ground floor these led out to safe and secure outdoor spaces. The communal areas were well used by residents on the day of the inspection.

The communal areas on the first floor were designed as homesteads with combined dining/lounge areas with a domestic style kitchenette. Inspectors found that one homestead on the first floor was quite congested and did not provide adequate space for the number of residents who occupied the area especially during meal times. Inspectors noted that another communal room on the same floor was not occupied by any residents on the day of the inspection. Further discussions with the person in charge confirmed that the room was not currently being used by residents. The room was nicely decorated and laid out with a reminiscence theme and would have been a pleasant alternative lounge and change of view for residents to have spent part of their day if they chose to do so. In addition this room was listed as a communal lounge in the statement of purpose and was not

being used for this purpose by the current residents.

Bedrooms were of a suitable size for the needs of the residents. There was sufficient space in which residents could store their clothing and personal belongings, including lockable storage. The rooms were designed to encourage residents to personalise their space as they wished, with photographs, ornaments and pieces of furniture from home. Shared bedrooms included privacy screening which could be closed from one person while not restricting the use of the room for their neighbour.

The majority of bedrooms included accessible en-suite toilet and shower facilities. Those which did not were in close proximity to a shared shower or bathroom. However inspectors found that one of the communal shower rooms on the ground floor was being used as a storage area for hoists and slings. As a result residents were unable to access the toilet and shower facilities in this room and as the room was clearly labelled as a toilet the equipment stored there created a hazard for residents accessing the toilet facilities in the room. In addition on the first floor, a shower room was being used as a storage area for linen and laundry trolleys. Inspectors noted that there was some cosmetic damage to the doors of the bathrooms that were being used as a storage rooms. Inappropriate storage of hoists and slings in toilet and shower rooms was a finding on the previous inspection of this centre and the actions following the previous inspection had not been completed in line with the compliance plan agreed with the provider following the inspection.

There had been an improvement in the maintenance of call bells and falls alarms. In previous inspections these devices were sounding due to malfunctions or low batteries. On this inspection the premises were much more quiet and relaxed for residents as well as staff, and any call bells which did sound were legitimate and promptly answered.

There were some discrepancies in the recording and communication of other maintenance issues such as with beds of toilets. The maintenance log did not always identify that resolved jobs had been completed, and some items of maintenance had not been recorded. The result of this meant that staff were unaware if some issues had been resolved, including the proper functioning of bed rails and floor alarm mats. This was a finding on the previous inspection.

Judgment: Not compliant

Regulation 26: Risk management

This regulation was reviewed in the context of falls management and was following up on an action from the previous inspection.

Records showed that a clear strategy around falls management had been developed

in the centre since the last inspection. The strategy reflected best practice guidance in the area of falls management. Information was collated in relation to identified trends in the times and locations of falls that occurred and this was used to develop appropriate actions to manage falls risks on the units. In addition each resident had a comprehensive multidisciplinary assessment of their falls risk. For those residents who were identified as being at risk of falls a care plan was developed and agreed with the resident and/or their family. Risk assessments and care plans put appropriate interventions in place whilst ensuring that residents were able to mobilise safely.

A significant part of the strategy to reduce falls included falls management training for nursing and care staff. The training programme was in place and a number of staff in the designated centre had attended the training sessions. The programme was being rolled out to all staff over the coming year.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

Residents were provided with a good standard of evidence based nursing care to meet their needs. Care was found to be person centred and residents received care and support from staff who knew them well and treated them with respect and empathy.

Each resident had a comprehensive assessment of their needs and preferences for care and accommodation prior to their admission to the designated centre. This helped to ensure that a good resident/home fit was achieved.

Following admission each new resident had a further assessment of their needs and their preferences for care and support. From the assessment a care plan was developed by nursing staff and was discussed and agreed with the resident and/or their family. The inspectors reviewed a number of care plans and found that care plans and risk assessments were reviewed three monthly or more often if the resident's needs changed. As a result most care plans were up to date and reflected the resident's current needs however the quality of care plan reviews was not consistent across the units. Inspectors found a number of care plans that did not meet the required standard for example; one resident who had lost significant weight did not have a clear care plan in place to address the risk and another resident who was at high risk of falls did not have an up to date mobility care plan in place. In addition a number of care plans in relation to responsive behaviours did not provide sufficient details about the potential triggers for the behaviours and the interventions to support the resident if they became distressed or agitated.

Records showed that where a resident was transferred into or from another care facility nursing staff ensured that the relevant information in relation to their needs and preferences for care and support were communicated effectively between the

services.

Judgment: Substantially compliant

Regulation 6: Health care

Residents had access to a range of health and social care agencies to meet their ongoing needs. Three General Practitioners (GPs) visited the centre weekly and out of hours GP on call services were in place if required. Specialist medical services were available including mental health and gerontology services. A small number of residents and their families told the inspectors that they were not able to access their GP when they requested to do so. The current service was being reviewed by the provider in light of feedback received from families.

Records showed that residents had access to appropriate health and social care services such as physiotherapy, occupational therapy, dietitian, speech and language therapy and specialist mental health services when required. In addition residents were encouraged to access chiropody,dental and optical services to maintain their health and independence. Records showed that where a specialist practitioner recommended a course of treatment or a specific intervention then this was communicated to the relevant staff.

The GP visited the centre weekly and specialist medical services were available when required.The centre had implemented a process to ensure that those residents who were eligible to take part in the national screening programmes were supported to participate if they wished to do so. However this was not currently being recorded in each resident's care records.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Residents who displayed responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort, or discomfort with their social of physical environment) were cared for by staff who knew them well and who had appropriate knowledge and skills to support them when they became agitated or distressed.

The centre was clearly working towards a restraint free environment. There were clear policies and procedures in place for managing responsive behaviours in a non-restrictive manner. Where restraints were used these were used in accordance with best practice guidance although some improvements were required in the recording

of restraints. For example it was not clear from a number of records what alternatives had been trialled before bed rails were installed and some records did not record how the resident had been involved in the decision to use bed rails.

In addition the current management of one resident's responsive behaviours was restricting other residents' access to toilet and bathroom facilities on their unit.

Judgment: Substantially compliant

Regulation 8: Protection

Inspectors found that the provider had taken all reasonable measures to protect residents from abuse.

All staff working in the designated centre had attended training on safeguarding vulnerable adults. Staff who spoke with the inspectors were aware of their responsibility to keep residents safe and knew how to report a concern or an allegation of abuse. Residents told the inspectors that they felt safe and that they could talk to a member of staff if they were worried about anything.

Records showed that where a concern had been raised that this was investigated by the person in charge and appropriate actions had been taken to protect residents.

Judgment: Compliant

Regulation 9: Residents' rights

Inspectors found that overall the provider carried on the business of the designated centre with appropriate regard for the rights and dignity of the residents.

Care was found to be person centred and to promote resident's choice in care and daily routines. Staff knocked on bedroom doors before entering and were heard to address residents in a respectful manner. Staff were respectful and discreet when taking telephone calls or discussing residents with each other such as handover meetings and GP telephone calls. This was an improvement from the previous inspection.

There was a planned programme of activities and entertainments which offered a good choice of meaningful occupation for residents with a range of physical and cognitive abilities. The progamme was planned and delivered by a dedicated activities team who had received further training in providing activities and entertainments for residents. Activities staff had met with each resident and/or their family to gather information about the resident's past life, special events in their life and their hobbies and interests. As a result staff were able to chat with the residents

about their life history and interests such as sports or travel. There were a variety of activities on offer and a separate schedule had been composed for each unit based on the general capacities of those who lived in each. Inspectors observed these activities in progress and they were well attended by residents. The schedule included sessions provided by external providers such as musicians, and exercise programmes for older people.

Staff encouraged residents to attend the activities on offer but where a resident declined this was respected by the staff member. Activities included a range of SONAS and other specialist sessions for those residents who had higher levels of cognitive impairment and who preferred small group and 1 to 1 activities.

Residents had access to television in their bedrooms and in the communal lounges. Radios and newspapers were also available. Staff were heard discussing local and national events with residents and encouraging reminiscence discussions about the local area and past sporting heroes.

A monthly residents committee met in the centre with a standing agenda to discuss feedback and suggestions for various aspects of living in the centre, including meals and staffing. Items raised by residents had notes for the person in charge to follow up at the next meeting. Minor review of the minutes of these meetings was required to record how these matters were completed and referred back to residents later. Residents also had access to independent advocacy if required.

The centre had arrangements in place to support residents to vote in the upcoming European elections if they wished to do so.

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
Views of people who use the service	
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
Regulation 34: Complaints procedure	Substantially compliant
Quality and safety	
Regulation 17: Premises	Not compliant
Regulation 26: Risk management	Compliant
Regulation 5: Individual assessment and care plan	Substantially compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for Beneavin Lodge Nursing Home OSV-0000117

Inspection ID: MON-0025995

Date of inspection: 27/03/2019

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

Outline how you are going to come into compliance with Regulation 23: Governance and management:
As part of ongoing service improvement, we continue to have a suggestion box at reception to encourage further feedback. All feedback is reviewed by PIC/CNM's on weekly basis for follow up actions. Where improvements/ changes are required the PIC ensures that an appropriate action plan is developed and will ensure that the action plan is updated to reflect progress.

Documentation of all meetings and feedback is reviewed by the PIC and the Beneavin Lodge management teams to agree actions, the action owner and timeframes for completion.

The PIC will continue to monitor the action log, share feedback and learnings with the staff, peers and the Operation Management team.

All audits will have a completed action plan to identify any non-compliances/ deficits identified. The Home Manager will monitor the actions and time-frames, and will update the actions plans as they progress or are completed, with communication internally to the staff on learnings and changes arising due to same.

The Annual Review was shared with residents and families on each unit and is available at reception.

The Provider and PIC had plans in place to address issues relating to premises which was a larger redesign and required a longer timeframe. However, we have now specifically isolated work to be completed in the short term that relates to storage, use of the two larger rooms on first floor and minor cosmetic work and this is outlined under Reg 17 below.

Regulation 34: Complaints procedure	Substantially Compliant

Outline how you are going to come into compliance with Regulation 34: Complaints procedure:
The Home Manager is the person responsible for managing complaints and this is reflected in the policy and notices.
Additional notices regarding the complaints policy are now displayed in each unit.

Regulation 17: Premises	Not Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:
As indicated previously, we carried out a review of the utilisation of areas within the Home and gave a commitment to execute redesign works as part of a medium-longer term refurbishment programme in the home However, a further review was commenced three weeks ago with our Architects. They have now completed their design work and been liaising with our small works division in preparation for all these works to commence week of the 27th of May 2019. These renovation and decorative works will deal with all of the issue`s raised, including addressing all storage related issues and the fuller use of the two lounges on the first floor.

The following has been identified with drawings complete: new storage room for hoists and slings on the ground floor; storage areas for linen on both floors; This will ensure hoists, linen and laundry trolleys are stored in appropriate spaces and all bathrooms are fully accessible and safe for residents use as set out in the SOP.
An assessment of areas requiring painting has been completed and a program of work is agreed that will immediately address areas damaged by hoist/equipment as well as a whole of Home schedule with identified areas completed every quarter.
Maximising the use of available space, especially the two rooms on the first floor, had already been in progress which has had the necessary work and furnishings approved. This will ensure residents do use the larger communal rooms on the first floor and in particular one of the two rooms will be an additional dining space, with the second being a lounge/activities area.
A maintenance computerized ticket system has been introduced, maintenance requests are logged via this system, and are monitored to ensure that they are completed within an appropriate timeframe, with communication processes to the staff and Home Manager and closure when complete. The Home Manager receives a weekly report on all maintenance requests and meets with the Maintenance personnel weekly to provide oversight to the process.

Regulation 5: Individual assessment and care plan	Substantially Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:
A Continuous Quality Improvement initiative had already been identified by the provider to address care planning; with this already underway prior to the inspection and continuing. All nursing staff have received care-planning training and in conjunction with the weekly care review meetings, and ongoing reviews, all care plans will reflect resident care needs and be amended as required.
The Clinical Nurse Managers have received additional training in terms of their roles and responsibilities as well as monitoring care-planning and ensuring that care plans are reflective of residents and their care needs.

Regulation 7: Managing behaviour that is challenging	Substantially Compliant

Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:
The specific details contained in the care plans will be reviewed in line with regulation 7. Restrictive practices training will continue throughout 2019 to ensure all staff are fully aware of the documentation and information required.

There is no longer a requirement to lock the toilet and bathroom doors in this unit and all residents can access all of the toilet facilities.

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.	Not Compliant	Yellow	30/06/2019
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.	Not Compliant	Orange	30/06/2019
Regulation 23(c)	The registered provider shall ensure that management systems are in	Substantially Compliant	Yellow	31/05/2019

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 34(1)(c)	The registered provider shall provide an accessible and effective complaints procedure which includes an appeals procedure, and shall nominate a person who is not involved in the matter the subject of the complaint to deal with complaints.	Substantially Compliant	Yellow	10/05/2019
Regulation 5(4)	The person in charge shall formally review, at intervals not exceeding 4 months, the care plan prepared under paragraph (3) and, where necessary, revise it, after consultation with the resident concerned and where appropriate that resident's family.	Substantially Compliant	Yellow	31/08/2019
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	Substantially Compliant	Yellow	01/05/2019

	shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.			
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	31/07/2019