



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

Issued by the Chief Inspector

Name of designated centre:	Alzheimer's Care Centre
Name of provider:	J & M Eustace T/A Highfield Healthcare Partnership
Address of centre:	Highfield Healthcare, Swords Road, Whitehall, Dublin 9
Type of inspection:	Unannounced
Date of inspection:	01 February 2022
Centre ID:	OSV-0000113
Fieldwork ID:	MON-0035983

About the designated centre

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

Alzheimer Care Centre is a 154 bed centre providing residential and respite services to males and females with a formal diagnosis of dementia over the age of 18 years. The centre also contains a unit specific to meeting the needs of people with a diagnosis of enduring mental illness. The centre is located on the Swords Road at Whitehall in Dublin within easy reach of local amenities including shopping centres, restaurants, libraries and coffee shops. The original single storey building consisted of two units with capacity for 64 residents. A large extension containing a further 90 beds over three floors was opened in 2012. Accommodation for residents is across seven units. With the exception of the Ryall and Grattan units, the remaining five consist of single bedrooms with fully accessible shower and toilet en suites, dining and sitting rooms and access to safe outdoor garden areas. The centre also contains, a large oratory for prayers and religious services, activity rooms, hairdressing salons, coffee dock, several private visitors rooms and designated smoking areas.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	138
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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 1 February 2022	08:45hrs to 18:15hrs	Niamh Moore	Lead
Tuesday 1 February 2022	08:45hrs to 18:15hrs	Siobhan Nunn	Support

What residents told us and what inspectors observed

Feedback received from residents, and the observations of inspectors identified that residents' quality of life was negatively impacted by poor managerial oversight of resident care in the Grattan and Ryall units.

While residents told the inspectors that staff were lovely and that they felt staff were doing the best for them, some also reported that the staff on the Grattan unit were under pressure. One resident said that they had "to wait their turn" as the unit was under staffed. Another resident told inspectors that "staff don't have time for one-to-one" due to the needs of other residents on the unit. Inspectors were told by two residents that they do not get to shower regularly enough. Three residents of this unit also told inspectors that there were times they did not feel safe in this unit.

This designated centre has seven separate units. Each unit functioned as a self-contained unit with dining and sitting room facilities in all. This inspection focused specifically on the Grattan and the Ryall Units. The Grattan unit accommodates 32 residents' in single bedrooms with shared bathrooms. The Ryall unit accommodates 24 residents in multi-occupancy rooms with four 'ward' style rooms with two 5-bedded rooms and two 6-bedded rooms.

The multi-occupancy bedrooms in the Ryall unit had mobile privacy screens but they were not seen to be in use for all residents on the day of the inspection. Residents were seen to be sleeping or watching television without any privacy afforded to them. The layout of these rooms was open and therefore if one resident wanted the light on, or their television and radio on in their space, this light and noise would permeate through to all residents of the room. Inspectors found that the layout of these bed spaces did not allow residents the right to live their lives privately and they were prevented from exercising choice related to their environment. As a result of this, residents' right to autonomy was not respected.

Inspectors also observed there was a lack of storage space which resulted in inappropriate storage throughout the Ryall units. For example, inspectors observed disused equipment stored in the corner of the multi-occupancy bedrooms. This meant that some residents' view from their bedspace was items of disused mattresses and mobility aids such as wheelchairs, and walking frames.

Inspectors arrived to the Grattan unit at 09:10 and found that the dining room door was locked. Residents were seen to be queuing outside this room. When the dining room door was unlocked, inspectors were told the room may have been locked to facilitate cleaning. However, the floor was dirty with debris and there was dirty dishes accumulated from the previous day at the serving hatch. Inspectors entered the kitchen area and found an unacceptable amount of dirt. For example, debris had accumulated around the legs of kitchen units and the hand hygiene sink in the kitchen was unclean with brown staining and stickers over the sink which posed a risk of cross contamination in the area. Inspectors requested that these areas were

urgently cleaned on the day of the inspection. Inspectors also observed that the residents of this unit did not receive their breakfast until 09:45, despite information around the unit to say breakfast was served at 08:45. Inspectors found that residents of this unit did not have the right to exercise choice relating to their breakfast and access to the dining room. In addition, there were restrictive measures in place for all residents such as a locked door into the unit and limited access to lighters for residents' who smoked cigarettes.

Inspectors were told that residents were asked their meal-time preferences in the morning time. Residents told inspectors that they were offered three choices relating to their meals and were happy with the food provided, one resident said they particularly like the tea time meal and another resident said "the food is gorgeous". Residents told inspectors they had a choice where they had their meals with some residents choosing to eat their meal in a separate area to the dining room as they said it was a quieter environment.

Resident's chairs within the Grattan unit were in a poor state. For example, chairs were seen to have holes, were stained and had brown coloured residue. These chairs were in use by residents in the communal areas of the unit. The chairs had been identified as an infection control risk at the previous inspection. In addition, this poor standard of hygiene did not support a homely environment for the residents.

Inspectors observed areas with poor maintenance within the Grattan unit. For example, tiling was missing in a shared bathroom. This room also had a malodour. There was a hinge missing off a door on a shared bathroom, as a result this made the door difficult to open or close for residents. Inspectors were told this door had been damaged for two months but this was not reported as a maintenance request.

The smoking shelter for the Grattan unit was small and did not meet the needs for all residents'. There was insufficient seating available and residents were seen to stand due to this inadequate seating and space.

Overall inspectors found that residents' quality of life was impacted negatively by their living environment and ineffective managerial oversight. 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 on the quality and safety of the service being delivered.

Capacity and capability

The registered provider is not operating the centre in line with the regulations. This has resulted in residents in the Grattan and Ryall units not receiving a service that safeguarded them from harm and upheld their rights. The management systems did not ensure that the service provided for residents was safe, appropriate, consistent and effectively monitored. Eight of the 11 regulations assessed during this

inspection were found to be not compliant.

Due to the level of risk identified, an urgent action plan was issued to the provider following the inspection, requiring them to take action to come into compliance with the regulations. It covered:

- governance and management (relating to the ineffective oversight)
- safeguarding
- premises
- infection control

A meeting was held with the provider to discuss the findings of the last inspection and the significant risks identified on this inspection.

J & M Eustace T/A Highfield Healthcare Partnership is the registered provider for Alzheimers Care Centre. The registered provider had a clear management structure in place with a group of senior managers including a Chief Executive Officer, a Chief Operating Officer, a Head of Quality and Patient Safety and the person in charge. Although there was a clear management structure and well established lines of communication within this structure, the management systems failed to provide a safe service. Inspectors found that significant focus and resources were now required to ensure that the non-compliances found were addressed.

This unannounced inspection was scheduled for two units following non-compliances identified on an inspection of this designated centre on 30 November 2021. Similar findings were found on this inspection as the registered provider had failed to address key risks within the Ryall and Grattan units. These risks included repeat incidents of resident to resident physical abuse occurring due to a lack of robust safeguarding measures, the use of inappropriate restrictions, and a failure to meet residents' personal care needs. Inappropriate restrictions included locked access to the unit and a locked dining room which restricted access to food and drinks and communal space. For residents who smoked, there was also restricted access to lighters and residents had to request these from staff.

Inspectors observed that the staffing levels of the Grattan unit were insufficient on the day of the inspection to meet the needs of residents. There was a clinical nurse manager (CNM) 2 assigned to oversee the Ryall and Grattan unit. Staffing was allocated to each unit with a CNM 1 assigned to each unit. In addition, they were supported by a team of nurses, healthcare assistants, catering, domestic and maintenance staff. While this staffing structure was seen to be in place inspectors observed delays in the delivery of care and support. For example, there was a delay of one hour for residents of the Grattan unit receiving their breakfast. Inspectors were told by the person in charge that this delay was due to staff being busy with a resident during this time. In addition, feedback from residents and staff of this unit reported that at times, they felt there was not enough staff available. The provider committed to increasing staffing levels on this unit from the day after this inspection.

The oversight arrangements put in place by the provider were not effective. Issues identified in their own audits had not been actioned. For example, resident seating

remained inappropriate. An internal infection control audit dated 03 December 2021, identified the requirement for a chair replacement programme and a review of shared hoist slings. On the day of this inspection, these actions were not seen to be addressed as chairs on the Grattan unit were stained, dirty and damaged. Shared hoist slings were also still in use on the Ryall unit.

Inspectors identified incidents recorded within the designated centres incident reporting system that had not been recognised or reported as safeguarding incidents. For example, inspectors saw one incident where residents had a physical altercation, two incidents where one resident was assaulted on separate occasions, one incident where a resident's chair was pulled from them and one incident where a resident pulled a medical tube from another resident.

As these incidents had not been correctly identified, the required notifications were not submitted, as specified in Schedule 4 of the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People Regulations 2013) to the Chief Inspector.

Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration

An application to vary condition 3 of the registration of the Ryall unit had been received. This application was to reduce the occupancy of the unit from 24 to 20 residents. Action was required to include condition 1 of the registration and correct floor plans and statement of purpose. In addition, the registered provider was requested to review the application to ensure compliance as per Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 S.I. 293 which took effect on 1 January 2022.

Judgment: Substantially compliant

Regulation 23: Governance and management

The registered provider has not ensured sufficient resources were made available to ensure the effective delivery of care in that damage to the premises and equipment shown to the provider during the inspection on 30 November 2021 had not been addressed by this inspection on 01 February 2022.

Governance and management arrangements were not effective and did not identify the impact of poor quality care and support being delivered to residents of the Grattan and Ryall units.

- risk identification and management systems had not picked up serious issues affecting resident welfare
- safeguarding concerns were not correctly identified and managed leaving

residents at risk

- there were delays in the delivery of personal care that were not addressed
- analysis of information following regulatory inspections, management meetings or audits were not leading to the development of quality improvement plans or improved resident care
- audit tools were not sufficiently robust or effective to identify findings that inspectors found on the day of inspection. For example:
 - an environmental audit completed in December 2021 found 98% overall compliance for the Grattan unit. This finding differed from the inspection finding of 30 November 2021 and this inspection where high levels of dirt and poor hygiene were observed
 - a care plan audit completed in the Grattan unit identified a requirement for improvements, however there was no action plan or person responsible identified to oversee and implement the required improvements
 - an infection prevention and control audit dated December 2021 concluded that there were insufficient cleaning hours, and committed to addressing this by 31 December 2021. While inspectors were told that cleaning hours had increased and a deep clean of the Grattan unit was complete, the findings of this inspection were that the provider had either failed to implement or sustain their own recommendations

The findings of this inspection identified repeat regulatory failings within both units from the inspection held on 30 November 2021. Including: Regulation 23: Governance and Management, Regulation 31: Notifications of Incidents, Regulation 7: Managing Behaviour that is Challenging, Regulation 8: Protection, Regulation 9: Residents' Rights, Regulation 17: Premises and Regulation 27: Infection Control.

Judgment: Not compliant

Regulation 31: Notification of incidents

Inspectors found evidence where five notifications in relation to an allegation of suspected or confirmed abuse had not been submitted to the Chief Inspector as required. Four of these incidents occurred in December 2021 and one occurred in January 2022.

Judgment: Not compliant

Regulation 15: Staffing

On the day of inspection, there was insufficient staffing resources allocated to the Grattan unit to ensure that residents' needs on this unit were met. This was

evidenced by inspectors with delays to meeting residents' needs and from feedback of residents' and staff of this unit. The registered provider committed to addressing this gap on the day following this inspection.

Judgment: Substantially compliant

Quality and safety

The findings of this inspection are that the needs of residents living on the Grattan or the Ryall units were not being met, and their rights were not upheld. Residents' rights to privacy, dignity and to make choices about their daily lives were not respected as a result of unnecessary restrictions and a poor environment.

While residents needs were assessed prior to admission, and care plans were developed, examples were seen where documented care interventions were not sufficiently detailed to guide staff. Also, a number of records of personal care provision were incomplete. In addition, one residents' risk assessment was incomplete and therefore there were gaps within their challenging behaviour care plan to effectively meet their needs and to protect themselves and others.

Although there was a safeguarding policy in place, it was not being fully implemented. Inspectors found that:

- potential harm posed by responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment) was not captured, recorded or communicated in a manner that safeguarded residents living in the Grattan unit. This was a repeat finding of the 30 November 2021 inspection. In addition, three residents told inspectors that they didn't feel safe living within this unit
- a number of safeguarding incidents had not been identified, responded to in line with the policy, or reported to the Chief Inspector

Residents' rights to privacy and to exercise choice was not upheld within these two units. For example:

- residents' only had privacy screens in place if staff placed them around their bedspace during personal care
- there was an environmental restraint in place for all residents where the front door to the unit was locked by a key, regardless of whether individuals required that level of restriction
- cigarette lighters were held by staff
- limited access to personal monies
- dining facilities were locked limiting access to specific times

There was poor oversight of maintenance requirements within both units. A number

of issues which had the potential to impact on infection prevention and control measures were identified during the course of the inspection. Inspectors found poor standards of hygiene in the kitchen, dining and communal areas on the Grattan unit. Further details of issues identified are set out under Regulation 27: Infection Control.

Regulation 12: Personal possessions

Residents had limited access to their own money. Inspectors were informed that residents had access to their money each Wednesday and there was no system in place to allow residents access their own money on other days of the week.

Judgment: Substantially compliant

Regulation 17: Premises

The Registered Provider failed to ensure that the Ryall unit was designed and laid out to meet the needs of the residents. For example:

- residents in the multi-occupancy bedrooms did not have 7.4m² of floor space allocated to them
- some multi-occupancy bedrooms were still configured for more than four residents
- residents of this unit could not undertake activities in private
- residents were unable to make choices relating to their environment due to the open layout of the multi-occupancy rooms which meant residents could not control light or noise in their bed spaces

There was inappropriate storage seen across both units which impacted on residents' rights and infection control. This inappropriate storage decreased the homely environment of these areas:

- the Grattan Unit:
 - a communal room had items such as a chair scales, Christmas decorations and a pair of slippers stored in the centre of the room
- the Ryall Unit:
 - residents' bedrooms contained disused resident equipment including hoists, mattresses and pressure cushions

The premises was in a poor state of repair. For example:

- flooring in the Grattan unit was badly damaged including one area where the joint in the floor covering had separated. Tiling was missing from the wall in one shared bathroom, a door to a shared bathroom was damaged which

limited access to this room for residents

- the external garden in Grattan had overturned furniture, a traffic cone, bags of rubbish and moss growing on the path. This led to an untidy and uninviting appearance
- paintwork on walls, doors, door frames and skirting were badly damaged within the Ryall unit
- a decommissioned pipe in a shared bathroom within the Ryall unit created a trip hazard as it was protruding from the wall and lying across the floor

Judgment: Not compliant

Regulation 27: Infection control

The Registered Provider failed to ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections are implemented by staff.

Environmental and equipment cleaning practices and processes in both units were not in line with national standards and guidance. For example:

- the Grattan Unit
 - kitchen: dirt and debris was seen on flooring and kitchen shelving, and the hand wash sink had brown stains. Cracked mugs were being used to serve tea to residents. The dust-pan and brush was unclean and prevented effective cleaning
 - dining room: dirt and debris was seen on flooring and unwashed dishes were on the serving hatch
 - day rooms: residents' chairs were badly stained with brown residue and holes in the upholstery prevented effective cleaning
- the Ryall Unit:
 - doors, paint work and flooring were in a state of disrepair which meant that they could not be cleaned to the required standard
 - a shower chair in an assisted bathroom was badly stained. The rubbish bin within this room was also rusty

Inappropriate storage had the potential to lead to cross-contamination, such as cleaning materials stored with food items and staff belongings on shelves in the kitchen in the Grattan Unit. In addition, unused incontinence wear had been removed from its packaging and was stored on a bathroom shelf within a shared bathroom in the Ryall unit.

Barriers to effective hand hygiene practice were identified. For example, there was no clinical hand wash sinks on the Ryall unit. As a result, sinks in residents' shared bathrooms were dual-purpose; used for resident care and also as clinical handwashing sinks.

Judgment: Not compliant

Regulation 5: Individual assessment and care plan

Care plans did not consistently reflect how residents assessed needs were to be met.

Two residents' reported that their personal hygiene needs were not met. Care plans did not provide evidence of the level of personal hygiene delivered to residents. Records only detailed "wash" and did not provide sufficient detail relating to what this wash entailed. Staff were unable to verify the level of assistance provided to residents.

A resident's needs in relation to incontinence had not been recognised on the risk assessment that informed their care plan resulting in insufficient guidance to staff on this residents' care.

Two residents did not have visiting care plans in place.

Judgment: Not compliant

Regulation 7: Managing behaviour that is challenging

Inspectors found that the person in charge did not manage and respond to incidents of responsive behaviours that posed a risk to residents of the Grattan unit. For example:

- staff were not following good practice by completing antecedent behavioural consequence (ABC) charts or reviews on responsive behaviours and therefore did not respond to or manage incidents appropriately
- some incidents of responsive behaviour were not recognised by staff. As a result, these incidents were not managed appropriately and repeat incidents occurred

The Registered Provider failed to ensure that restraint was only used in accordance with national policy, as some restrictive practices were found to be in place for all residents. For example, the door into the Grattan unit was locked by key. This was recorded as a restrictive practice in resident care plans with the reason being "doors locked for other residents". Two residents told inspectors that they would like to leave the unit when they chose to but were unable to.

Judgment: Not compliant

Regulation 8: Protection

The registered provider had failed to take all reasonable measures to protect all residents of the Grattan unit from abuse. Inspectors raised ongoing concerns of abuse as a result of responsive behaviours at the inspection of 30 November 2021. These concerns remained on this inspection.

The providers safeguarding policy was not being followed. Incidents that met the definition of abuse were not managed through the safeguarding procedures. Inspectors found five safeguarding incidents which had not been investigated by the person in charge.

Although 98% of staff had received safeguarding training, inspectors found abuse was not recognised and as a result preventative measures were not put in place.

Judgment: Not compliant

Regulation 9: Residents' rights

Residents of the Ryall unit could not undertake personal activities in private.

Residents were seen to be sleeping and watching television within their bed spaces on the day of the inspection without privacy screens. Inspectors asked the person in charge to demonstrate the mobile privacy screen around a bed space and found this screen was not large enough to provide sufficient privacy. Inspectors observed maintenance staff working in these areas.

The Registered Provider failed to ensure that the residents in the Grattan unit were able to exercise choice with regards to breakfast time and access to the dining room. For example, the dining room was locked at 09:10 and residents were seen to be queuing outside. Residents commenced their breakfast at 09:45 which was an hour delay according to the agreed breakfast time schedule.

Judgment: Not 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 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 31: Notification of incidents	Not compliant
Regulation 15: Staffing	Substantially compliant
Quality and safety	
Regulation 12: Personal possessions	Substantially compliant
Regulation 17: Premises	Not compliant
Regulation 27: Infection control	Not compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 7: Managing behaviour that is challenging	Not compliant
Regulation 8: Protection	Not compliant
Regulation 9: Residents' rights	Not compliant

Compliance Plan for Alzheimer's Care Centre OSV-0000113

Inspection ID: MON-0035983

Date of inspection: 01/02/2022

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
Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration	Substantially Compliant
<p>Outline how you are going to come into compliance with Registration Regulation 7: Applications by registered providers for the variation or removal of conditions of registration:</p> <p>The Board of Highfield Healthcare decided in January 2022 to decommission the Ryall unit. Capacity has already been reduced from 24 to 8 beds. There are currently 8 residents accommodated in the unit with further transfers planned on a phased basis. The Statement of Purpose and floor plans are being revised with an amended application submitted to HIQA. The environment is being adapted in the interim to improve privacy and to maintain a homely environment while the transfer of remaining residents is coordinated. All staff have been advised of the decision and discussions with families are ongoing around the planned changes.</p>	
Regulation 23: Governance and management	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A new Person in Charge is now in place and recruitment is underway for a new CNMII for Grattan Unit. A quality improvement project team has been set up by the Senior Management Team. This project is overseen by a Steering Committee with executive sponsorship provided by the Chief Operations Officer (COO). The project is multidisciplinary and is being led by the Director of Nursing (Mental Health) with the involvement of the the COO, Consultant Psychiatrists from the Approved Centre,</p>	

registered psychiatric nurses, health and social care professionals, therapeutic service co-ordinator, peer support workers, quality and patient safety department, human resource department as well as residents and staff working in the units.

This project is being managed under six workstreams:

1. Governance and leadership,
2. Safeguarding and restrictive practices,
3. Practice improvement
4. Infection Prevention and Control,
5. Environment,
6. Human Resources.

The project team have formulated a comprehensive workplan, with different team members working in each of the interrelated workstreams. The team meets weekly to oversee action plans and monitor progress. The practice improvement project is monitored by the Steering Committee and has been added to the Operations Team agenda as a standing agenda item with effect from 7th March 2022. The Grattan team have been fully engaged with the project. Amongst the issues addressed include; MDT patient reviews, care plan reviews, resident choice, staff education on the use of restrictive practices, on managing behaviours that challenge and on identifying safeguarding risks, as well as enhancements to the environment such as painting and ordering new furniture. A process of engagement with residents under the care of external community psychiatrist teams has also commenced. These teams will review resident care plans and restrictive practices.

Risks identified will be reviewed weekly at local team meetings with oversight by the Quality, Safety and Service Improvement committee and sub committees – in particular the Safeguarding, Infection Prevention and Control and Training & Development sub committees. A training session on effective incident management has taken place with unit managers. Education and training has been scheduled with managers on Grattan unit on carrying out accurate audits with a focus on effective action planning.

Additional Health Care Assistant and cleaning resources have been allocated to Grattan Unit. There are additional Safeguarding Designated Officer's (DO) identified to support the service and an additional DO place is booked for training in 12th and 19th May 2022. Care Plans and documentation of personal care have been reviewed. Refresher training on Epic 'touchcare' system took place with care staff in March (2nd, 3rd March) to record personal care activities. Additional recording options have been set up on Epic in response to suggestions by staff. Ongoing communication for required additional enhancements to the patient system is taking place at local level. Additional resources have been deployed to carry out remedial works in Grattan and Ryall. All requests for maintenance are now logged and tracked on the 'maintenance request' portal. Maintenance requests are being monitored by the Maintenance Manager.

Regulation 31: Notification of incidents	Not Compliant
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<p>Outline how you are going to come into compliance with Regulation 31: Notification of incidents:</p> <p>A new Person in Charge is in place. Unit specific staff tutorials are being delivered on Grattan unit on recognizing safeguarding issues on the unit. The first session was carried out on 7th March 2022. The Safeguarding Committee will identify further training needs. The Training & Development Committee will oversee mandatory training schedule on an ongoing basis.</p> <p>A new reporting mechanism has also been set up for internal reporting of resident safeguarding concerns and the Designated Safeguarding Officers will support roll out through staff education. An additional safeguarding officer is in place for the centre and further training has been arranged for May for additional staff to be trained as designated officers.</p> <p>As part of the improvement project, identification of safeguarding and restrictive practice issues is also part of the work being led by a Consultant Psychiatrist. This work recognizes the expertise required from a mental health perspective due to the patient cohort on Grattan unit.</p>	
Regulation 15: Staffing	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 15: Staffing:</p> <p>A senior nurse manager and an additional CNMI are in place on Grattan unit to ensure there is a nurse manager lead on each shift. Recruitment of a CNMII is actively underway. The overall staff complement has been increased by an additional 1.0 WTE HCA which is on the unit for both days and nights.</p> <p>Additional CNM III support is in place on the unit to support practice improvement and a mentoring programme has also been set up for staff on the unit. A recruitment initiative for Senior HCA's is underway to improve supervision of HCA tasks and practices and is ongoing.</p>	
Regulation 12: Personal possessions	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 12: Personal possessions:</p> <p>Residents now have greater access to comfort money. Work is being carried out with</p>	

residents on promoting choice with their clothing. There is discussion with them about purchasing new clothes. A better system of access to comfort money is being put in place to enable regular access by residents to their monies. Improvements have been identified and made on recording all financial transactions.

Regulation 17: Premises	Not Compliant
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Outline how you are going to come into compliance with Regulation 17: Premises: Following the reduction in beds in Ryall to eight beds, all residents have in excess of 7.4m². There are no more than two residents in a shared room each bay measuring in excess of 50m². Privacy screens are in place to ensure privacy during personal care and for other activities. Further privacy screens are being built by our Maintenance team to ensure privacy for the six residents in bay areas during all activities. One bay area has been closed and is now used as a storage space for equipment. The unit is currently being painted.

In respect of Grattan unit, a number of improvements to the environment have been completed. This includes refurbishment of the server and dining room. Repairs have been carried out on bathrooms including tiling. Painting programme is underway. Replacement flooring and furniture has been ordered. A review of the sitting room and activities room is underway with a view to refurbishment. A programme of bedroom redecoration is planned with residents. There has been a deep clean of Grattan unit. Cleaning hours have also increased. There has been improved use of the maintenance portal.

Regulation 27: Infection control	Not Compliant
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Outline how you are going to come into compliance with Regulation 27: Infection control:

On Grattan unit, the kitchen server have been deep cleaned. The dining room has been deep cleaned and painted and new curtains put up. Storage has been reviewed on the unit and all items are now appropriately stored. More hand sanitizing stations have been erected on Grattan and Ryall units.

All residents have separate hoist slings on Ryall unit and these are individually labelled. These are stored appropriately to avoid any cross- contamination risk.

The IPC nurse is continuing to audit practices and action plans drawn up for implementation locally by the teams on Grattan and Ryall. Action plans are being

monitored by the Infection Prevention & Control committee meeting.	
Regulation 5: Individual assessment and care plan	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan:</p> <p>All residents' personal hygiene care plans and visiting care plans have been reviewed to ensure they identify resident preferences and needs. All showers are documented by care staff where assistance is provided with additional training completed with care staff. It has been agreed to use the ARAT validated risk assessment tool for residents where risk are identified. A full review of care plans is underway to ensure they are person centred and an audit will be completed post review.</p>	
Regulation 7: Managing behaviour that is challenging	Not Compliant
<p>Outline how you are going to come into compliance with Regulation 7: Managing behaviour that is challenging:</p> <p>It is recognized that behaviors that challenge care providers are a means of communication for the service users in our care. The management of behaviors that challenge is being addressed at three levels.</p> <p>At the level of the individual service users: An ABC chart is being used for assessment of any resident who displays challenging behaviour. Where indicated service users are being reviewed by their treating doctors to access potential causes for distressing behaviours. A programme of MDT review of all residents has commenced and will run over 6- 8 weeks. Individual care plans and Risk Assessments are updated at these reviews to inform ongoing assessment and care delivery.</p> <p>At unit management level: Human resourcing which supports care delivery has been reviewed. Increased nursing management support has been made available and additional staffing has been allocated. This is facilitating clinical handover meetings and the introduction of the "Safety Pause" which ensures all staff have an awareness of service users who may require increased support. The increase in local nursing management allocation ensures staff are facilitated to attend ward-based training in the management of behaviors that challenge. In order to safeguard against the use of restrictive practices in response to</p>	

behaviors that challenge, a local multidisciplinary Restrictive Practice committee has been convened. This Committee is comprised of ward based staff, nursing, healthcare assistant, Activity therapist an external MDT members, Consultant Psychiatrist, Social Worker, Occupational Therapy. The Committee is meeting weekly at present in order to review all service users and update the restrictive practice register. In order to ensure sustainability once initial project improvement is completed these meetings will move to Quarterly.

At organizational level:

The organizational management team has committed to capacity building by upskilling ward-based staff in the management of behaviours that challenge. A team of senior managers and clinicians from the mental health service has been released from other duties to support the project improvement plan by delivering education in terms of experiential learning which includes one- to -one sessions with staff on understanding and managing challenging behaviors in the context of mental health issues. A pilot programme of Bite Sized 10 minute on unit group teaching specifically looking at Restrictive Practices has commenced on a weekly basis with the aim of delivering a 6-12 week rolling programme. The teaching consists of 10-minute talks with associated one page handout looking at Restrictive Practice.

A restrictive practice work and safeguarding stream has been set up to look at all restrictions in place on Grattan unit. This stream is led by a Consultant Psychiatrist. The restrictive practices register is now a standing order item on the Safeguarding Committee and is reported into to the Quality, Safety and Service Improvement committee for oversight of completion.

Regulation 8: Protection	Not Compliant
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Outline how you are going to come into compliance with Regulation 8: Protection:
 A workstream on safeguarding and restrictive practices has been established. An additional designated officer is in place to support staff in the centre. A new system of reporting and monitoring resident safeguarding concerns has been implemented. Education sessions are ongoing on the importance of recognizing when responsive behaviours may lead to safeguarding issues and recognizing and reporting safeguarding concerns in general. This is also discussed at safeguarding training on Grattan unit.

Regulation 9: Residents' rights	Not Compliant
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Outline how you are going to come into compliance with Regulation 9: Residents' rights:

The maximum number of residents sharing a room on Ryall unit is two. Privacy screens are available and used to ensure privacy during personal care and for other activities. Further privacy screens are being built as an interim measure to ensure privacy for the six remaining residents in bay areas during all activities. One bay area has been closed and is now used as a storage space for equipment.

The dining experience in Grattan unit has significantly improved. The dining room door is now unlocked. The room has been painted and breakfast operates timely daily. A peer support worker is attending the unit on a weekly basis and is meeting residents individually to elicit feedback on the care provided on the unit.

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 7 (2)	An application under section 52 of the Act must specify the following: (a) the condition to which the application refers and whether the application is for the variation or the removal of the condition or conditions; (b) where the application is for the variation of a condition or conditions, the variation sought and the reason or reasons for the proposed variation; (c) where the application is for the removal of a condition or conditions, the reason or reasons for the proposed removal; (d) changes proposed in relation to the	Substantially Compliant	Yellow	16/04/2022

	designated centre as a consequence of the variation or removal of a condition or conditions, including: (i) structural changes to the premises that are used as a designated centre; (ii) additional staff, facilities or equipment; and (iii) changes to the management of the centre that the registered provider believes are required to carry the proposed changes into effect.			
Regulation 12(c)	The person in charge shall, in so far as is reasonably practical, ensure that a resident has access to and retains control over his or her personal property, possessions and finances and, in particular, that he or she has adequate space to store and maintain his or her clothes and other personal possessions.	Substantially Compliant	Yellow	31/03/2022
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	Substantially Compliant	Yellow	01/05/2022

	residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.			
Regulation 17(1)	The registered provider shall ensure that the premises of a designated centre are appropriate to the number and needs of the residents of that centre and in accordance with the statement of purpose prepared under Regulation 3.	Substantially Compliant	Yellow	30/04/2022
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Not Compliant	Orange	30/04/2022
Regulation 23(a)	The registered provider shall ensure that the designated centre has sufficient resources to ensure the effective delivery of care in accordance with the statement of purpose.	Not Compliant	Orange	30/04/2022
Regulation 23(c)	The registered provider shall ensure that management systems are in	Not Compliant	Red	09/02/2022

	place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.			
Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Not Compliant		01/04/2022
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 notice in writing of the incident within 3 working days of its occurrence.	Not Compliant	Orange	01/03/2022
Regulation 5(1)	The registered provider shall, in so far as is reasonably practical, arrange to meet the needs of each resident when these have been assessed in accordance with paragraph (2).	Not Compliant		30/04/2022
Regulation 7(1)	The person in charge shall ensure that staff have up to date	Not Compliant	Orange	30/04/2022

	knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.			
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.	Not Compliant	Orange	30/04/2022
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	30/04/2022
Regulation 8(1)	The registered provider shall take all reasonable measures to protect residents from abuse.	Not Compliant	Orange	01/03/2022
Regulation 8(2)	The measures referred to in paragraph (1) shall include staff training in relation to the detection and prevention of and responses to abuse.	Not Compliant	Orange	30/04/2022

Regulation 8(3)	The person in charge shall investigate any incident or allegation of abuse.	Not Compliant	Orange	01/03/2022
Regulation 9(3)(a)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may exercise choice in so far as such exercise does not interfere with the rights of other residents.	Not Compliant	Orange	30/04/2022
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.	Not Compliant	Orange	30/04/2022