



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

Issued by the Chief Inspector

Name of designated centre:	Brookvale Manor Private Nursing Home
Name of provider:	The Brindley Manor Federation of Nursing Homes Limited
Address of centre:	Hazel Hill, Ballyhaunis, Mayo
Type of inspection:	Unannounced
Date of inspection:	27 February 2024
Centre ID:	OSV-0000325
Fieldwork ID:	MON-0041850

About the designated centre

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

Brookvale Manor Nursing Home is a purpose-built single-storey premises located in a residential area a short drive from the town of Ballyhaunis. The centre is registered to provide long and short term care for 50 residents, both male and female, over the age of 18 years. Twenty-four-hour nursing care is provided. Residents' accommodation comprises of single rooms and double rooms all of which have full en-suite facilities including a shower, toilet and wash hand basin. Adequate screening to protect residents' privacy is provided in the shared bedrooms. The centre has a variety of communal space and the arrangements provide residents with a choice of quiet areas or spaces where they can socialise. There are two large sitting rooms and a dining room to the front of the building, an additional sitting/activity area that is centrally located and a foyer at the front that some residents use to read or to see their visitors. Other rooms include a laundry, sluice facilities, kitchen and staff areas and offices. There is a safe secure outdoor garden for residents to use and this was accessible from several points of the building. It was well cultivated, provided with appropriate seating and had interesting features such as a summer house where residents could sit in the shade.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	41
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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 27 February 2024	09:00hrs to 17:00hrs	Celine Neary	Lead
Tuesday 27 February 2024	09:00hrs to 17:00hrs	Michael Dunne	Support

What residents told us and what inspectors observed

The overall feedback from residents was that they were happy with the care they received and that staff looked after them well. Residents told the inspectors that they "felt safe" and were "happy enough" living in the centre. This was validated by relatives visiting the centre on the day of inspection.

At the time of the inspection there were 41 residents living in the designated centre, which included access to seven short stay beds by the Health Service Executive (HSE). On the day, the inspectors observed that residents were supported to enjoy a satisfactory quality of life supported by a team of staff who were kind, caring and attentive to their needs.

Inspectors arrived at the centre unannounced and were greeted at reception by the administrator and then the Person in Charge. The centre was warm and inviting and staff were busy assisting residents with their morning routines. The centre was homely and decorated to a good standard with paintings and residents artworks on display in the corridors. Following a brief introductory meeting with the person in charge the inspectors went for a walk around the centre and spoke with several residents, two relatives and nine staff throughout the day.

Inspectors observed that residents did not have long to wait when they needed staff assistance. There were sufficient numbers of staff available in the designated centre to provide supervision and support to the residents. Observations confirmed that staff were aware of residents care and support needs. Staff were observed providing care and support to residents in preparation for their breakfast and day ahead. Some residents were assisted to the dining room for breakfast while others preferred to have their breakfast in their room. Following breakfast residents followed their own routines, several made their way to the day rooms where they watched television or listened to the radio, while others returned to their own rooms. Some residents were reading the daily newspapers available and spoke with the inspector about their backgrounds and where they came from.

An activities coordinator was on duty and inspectors observed them interacting with residents and assisting with breakfast in the dining room. Residents watched mass in the morning and there was a live music session in one of the day rooms in the afternoon.

Residents' bedrooms were clean, well-furnished, and found to be personalised by the residents with items of individual interest such as personal photos and other items. All resident rooms were spacious and suitable for the assessed needs of the residents. Resident accommodation was mainly provided in single and twin rooms occupancy with an en suite facility which included a toilet, wash hand basin, and shower. Resident rooms were well laid out and provided residents with sufficient space to be able to access and store their personal possessions. The layout also ensured that residents had sufficient space around their bed to sit out in a

comfortable chair if they wished to do so. Residents told the inspectors that they were content with the support available to maintain the cleanliness of their rooms.

Residents had unrestricted access to an interesting and safe outdoor area. Seating was available and the paths were covered with a suitable soft surface to promote residents' safety. The garden was well maintained, visibly pleasing and contained a range of shrubbery. The interior of the premises was warm and comfortable and the maintenance communal areas and corridors was of a high standard.

The inspector spoke with two relatives who reported satisfaction with the care provided to their relatives that had been residing in the home for several years.

The next two sections of the report, capacity and capability and quality and safety will describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The areas identified as requiring improvement are discussed in the report under the relevant regulations.

Capacity and capability

This was a well-managed centre which ensured that residents were provided with good standards of care to meet their assessed needs. There were effective management systems in place which provided oversight to maintain these standards. The management team were proactive in response to issues identified through audits with a focus on continual improvement. There were however some actions required to ensure that existing oversight systems identified areas of the service that required improvement. These areas are described in more detail under the relevant regulations relating to Governance and Management and Training and Staff Development.

This was an unannounced inspection to monitor the provider's compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 as amended and to follow up on actions the registered provider had agreed to implement in order to achieve compliance with the regulations arising from the last inspection carried out in February 2023.

The registered provider for this centre is The Brindley Manor Federation of Nursing Homes Limited. This company is part of Brindley Health Care which has a total of nine nursing homes that operate in Ireland. The management team consists of a person in charge, two clinical nurse managers and a team of nursing staff, health care assistants, household and catering staff. There are also an activity co-ordinator, a functional therapist, a physiotherapist, administration and maintenance personnel available in the centre. On the day of the inspection, there was a sufficient number and skill-mix of staff available to meet the assessed needs of residents.

Staff training and development was available to staff. Staff demonstrated their knowledge regarding complaints, safeguarding and fire emergency procedures when talking with the inspector.

There were clear lines of reporting in place and staff were clear about what was expected of them in their roles. However, staff providing activities had not received appropriate training to carry out this role effectively. Furthermore, some improvements were required in the supervision of staff in responding to residents who display responsive behaviours (how people with dementia or other conditions may communicate or express their physical discomfort or discomfort with their social or physical environment). Inspectors observed a resident who displayed responsive behaviours and found that this resident was not provided with appropriate levels of support to manage their distress as, staff did not demonstrate the skills and knowledge required to manage these behaviours effectively.

There was a well-established audit schedule in place to monitor the standards of care provided. There was a low level of restrictive practice in place which was in line with national standards.

The provider had completed a comprehensive report on the quality and safety of care for 2023 which also included an improvement plan for 2024. While this report provided key information about the performance of the service, it did not reflect resident feedback on their views of the service. This is a requirement of the regulations.

The management systems in place to ensure that the service provided was safe and appropriate was not consistently or effectively monitored. Some improvements were required regarding the cleaning of equipment used to transfer residents, to ensure that the equipment was adequately cleaned in between resident use.

Incidents were recorded appropriately and notifications were submitted in writing to the office of the Chief Inspector as required and in line with the regulations.

A directory of residents was maintained and referenced all required information regarding each resident admitted to the centre.

There was a complaints policy in place which did incorporate the legislative changes to Regulation 34 which came into effect in March 2023. A review of records confirmed that complaints received were fully investigated in a timely manner and residents had access to independent advocacy services if needed.

Regulation 15: Staffing

Inspectors found that there was an adequate number of staff available in the centre to provide timely support to the residents taking into account their assessed needs and the layout of the centre. Some staff had been recently recruited to their roles

and required additional training and support to be able to perform their duties to a high standard. This is discussed in more detail under Regulation 16.

Judgment: Compliant

Regulation 16: Training and staff development

Inspectors found that improvements were required in the analysis of staff competencies to deliver effective person centred care to the residents, this was evidenced by;

- Staff did not demonstrate the skills to support residents to engage in a range of activities in line with their interests and capacities. A review of the 2024 training plan showed that there was an absence of appropriate training available to address this knowledge gap.

Furthermore, inspectors observed two occasions where there was a lack of staff supervision which resulted in residents not receiving optimum levels of care support in line with the assessed care needs. For example;

- while residents were sitting in the day room the inspector observed that some staff in attendance did not engage in a proactive manner with residents.
- staff did not respond to a resident displaying signs of responsive behaviour.
- some staff did not follow the appropriate procedure for supporting residents who needed assistance with eating their meals.

Judgment: Substantially compliant

Regulation 19: Directory of residents

The directory of residents was up-to-date and included all of the resident information required under Schedule 3 of the regulations

Judgment: Compliant

Regulation 23: Governance and management

The inspectors found that the registered provider had a range of management systems in place to monitor the quality of the service provided however some

actions were required to ensure that these systems were sufficient to ensure the services provided are safe, appropriate and consistent. For example:

- There was no reference to resident feedback gathered from resident meetings or to feedback accessed from resident satisfaction surveys recorded in the annual report for 2023. Inspectors were therefore not fully assured that residents were sufficiently consulted regarding the development of this document.
- Systems in place to assure the provider that infection prevention and control standards were consistently maintained were not effective in relation to the cleaning and storage of resident equipment.
- The oversight of staff training in relation to management of responsive behaviours and the provision of meaningful activities and occupation for residents had not identified additional staff training needs in these key areas.

Judgment: Substantially compliant

Regulation 31: Notification of incidents

Notification of incidents were submitted to the Chief Inspector when required and at quarterly intervals.

Judgment: Compliant

Regulation 34: Complaints procedure

There was an accessible policy and procedure in place for dealing with complaints and maintained by the provider. This policy and procedure had been updated by the provider to incorporate amendments made to this regulation by recent statutory legislation. A review of complaints found that all complaints had been reviewed by the provider in accordance with their policy.

Judgment: Compliant

Quality and safety

Residents living in this centre experienced a good quality of life and received timely support from a caring staff team. Residents' health and social care needs were met through well-established access to health care services and a planned programme of

social activities. Residents were supported and encouraged to enjoy a good quality of life in which their wishes and choices were respected and their rights upheld.

The centre is a one storey building with 44 single bedrooms and three twin bedrooms, all of which have en suite facilities. All bedrooms were well proportioned and comfortable. Rooms can accommodate moving and handling equipment easily if required and the rooms were warm and bright. Several rooms in the centre had been recently painted and had new flooring applied. The environment was homely and well decorated and there was a calm and organised atmosphere in the centre. Residents had sufficient space to have a bedside chair so they could sit beside their bed if they wished and there was sufficient space and storage for their personal possessions. There were a number of communal rooms in the centre for residents to enjoy and they could move freely between them, their bedrooms and the courtyard garden.

The centre was visibly clean and infection prevention and control policies and procedures were in place. Housekeeping staff were aware of their roles and responsibilities and cleaning schedules had been completed and were up to date. There were sufficient cleaning staff on duty and they were knowledgeable of control measures required in the event of an outbreak of infection. There was personal protective equipment available and staff were observed using it correctly. However, there was room for improvement in relation to the appropriate cleaning and storage of some items of resident equipment. This is addressed under Regulation 27.

The laundry was clearly segregated into clean and dirty zones and clean items were stored separately. Residents clothing was labelled and laundry staff were familiar with many items of clothing and whom they belonged to.

The provider had established fire safety precautions in place. Residents had P.E.E.P's (personal emergency evacuation plan's) in place and these were updated when required. A sample of these P.E.E.P's reflected the current mobility status of each resident reviewed by the inspector. Simulated fire drills were available to review and contained a comprehensive account of the evacuations carried out, the needs of the residents evacuated, a record of staff participation, and a review of how effective the evacuation had been in order to identify further improvements. Records relating to the servicing of fire equipment and the management of the fire system were in date. Staff were able to confirm their attendance at fire safety training and were able to discuss the fire procedure and their role in ensuring residents were kept safe from the risk of fire.

Residents who spoke with inspectors expressed good satisfaction with the food, snacks and drinks. Inspectors reviewed four resident care plans. One resident was on a diabetic restrictive diet and had an appropriate care plan in place to reflect these needs.

The registered provider had ensured that there were facilities for occupation and recreation available to residents. Residents were observed exercising their choice in relation to their daily routines and meal preferences. An activities schedule was displayed in the centre and it was varied in accordance to residents interests and

capacities. A day trip had been arranged for residents to go out to a local hotel for afternoon tea.

The review of care plans found that there were improvements in assessment and care planning from the last inspection and that care interventions were in line with residents' assessed care needs. All care plans reflected appropriate care being provided. A Malnutrition Universal Screening Tool (M.U.S.T) assessment was performed on admission and every four months or more regularly if required. Resident weights were recorded on a regular basis gave the inspector assurance that nutritional needs were being met. Nutritional assessments were carried out to inform, care plans which described issues impacting on residents and including, information on resident likes, dislikes, ability, required food textures, required fluid consistency, dietary need and level of assistance required for mealtimes. In conjunction with dietitian, the chef ensured that the menu was nutritionally balanced for the needs of residents. Food menus were available in the dining room and residents were provided with a choice of main meals at mealtimes. Staff were observed assisting residents at mealtimes. Residents who required assistance with their eating and drinking were supported in an unhurried manner however the inspector did observe three members of staff standing up while helping residents to eat. This did not support the dignity of the residents.

Medication practices were found to be safe and well managed. Medication systems were in place and staff spoken to were knowledgeable of their regulatory responsibilities when administering medicines. There was appropriate and safe storage of medications in the designated centre.

Residents had good access to GP services and other health and social care specialists including regular on site visits. Residents were supported to attend out patient appointments and had attended follow up appointments when required. Residents who developed wound care were referred to a tissue viability nurse specialist. A physiotherapist attended the centre weekly to assess and provide care to residents.

Staff had attended training on challenging behaviour, however inspectors observed that some staff did not demonstrate adequate knowledge and skills to support one resident who was displaying signs of this type of behaviour during the morning of the inspection.

There were clear procedures in place to protect vulnerable residents, for example all staff had a Garda vetting certificate in place and had completed safeguarding training. Staff were able to tell the inspector what they would do in the event of an allegation being reported to them and the appropriate steps they would take. Residents told the inspector that they felt safe and were able to talk with a member of staff if they had any concerns. Residents were clearly comfortable in the presence of staff and staff and resident interactions were respectful and unhurried.

There was evidence of good practice and engagement with residents living in the designated centre through a forum of monthly residents meetings. Records of these meetings reviewed by the inspector demonstrated that residents were consulted

about activities in the centre and area's of the service that may require improvement. One resident had been appointed as an ambassador which provided further representation for residents living in the designated centre. The records of resident meetings showed that the provider had committed to and invested in social activities available to residents in the centre and had increased the number of day trips into the locality. However, feedback from these meetings was not included in the annual review for 2023.

There was information on display of independent advocacy services available in the designated centre should residents or family members need additional support.

Regulation 18: Food and nutrition

The inspector observed residents having lunch in the dining room and found that there they were supported with eating and drinking if required. There was adequate quantities available which had been cooked and prepared for residents and the Chef was aware of any special dietary requirements. Meals appeared wholesome and nutritious and residents were observed enjoying their food during the day.

Judgment: Compliant

Regulation 27: Infection control

The registered provider had ensured that procedures were in place to ensure the prevention and control of healthcare associated infections in the centre. These were in line with the National Standards for Infection prevention and control in community services.

However, some improvement was required in relation to the usage, storage and cleaning of moving and handling equipment by staff between residents use during personal care. The inspector observed staff returning a hoist to the equipment room which had not been cleaned following a resident transfer. In addition, there was no records kept to confirm that other equipment such as handling belts and hoist slings were also cleaned in between resident use.

Judgment: Substantially compliant

Regulation 28: Fire precautions

The registered provider had taken adequate precautions against the risk of fire and had provided suitable fire fighting equipment. This equipment had been serviced at

quarterly intervals throughout the year and weekly and monthly checks of fire doors, escape routes and equipment was completed. Staff had attended fire training and could tell the inspector what they would do in the event of a fire in the centre. The inspector reviewed records of regular fire drills completed and was assured that both day and night time scenarios had been considered. Each resident had a personal emergency evacuation plan in place which was in line with their current mobility status and had been reviewed regularly as part of their care plan.

Judgment: Compliant

Regulation 29: Medicines and pharmaceutical services

There was robust systems in place to support the prescribing, dispensing and administration of medicines safely in the centre. The inspector observed safe practice by nursing staff administering medication during the day. They explained their process and could clearly indicate and demonstrate how they cross checked medication charts with blister packets dispensed for individual residents. Medication was stored safely and the medication trolley was attended at all times. The centre had access to the support of a local pharmacy and medicines were received and recorded appropriately.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

The inspector reviewed a sample of care plans and was assured that residents needs were assessed before or on the persons admission. They had been formally reviewed and there were systems in place to ensure these were revised at the required intervals. There was evidence that relatives had been consulted as part of the care planning process and each care plan reviewed was person centred.

Judgment: Compliant

Regulation 6: Health care

The registered provider had ensured that there was appropriate nursing, medical and healthcare available to each resident in the designated centre. There were systems in place to monitor resident healthcare needs and care records confirmed that referrals were made for residents to access other services to maintain their

well-being such as psychiatric support. For example, residents had been referred for physiotherapy, dietetics, tissue viability nurse specialist and chiropody.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

Although staff had completed training in managing behaviour that is challenging the inspectors were not assured that staff were implementing this knowledge or had the skills to respond appropriately to residents needs.

For example, a resident was observed by inspectors calling out for long periods sitting in the dayroom with other residents during the morning of the inspection. The resident was sitting in the communal day room and was calling out repeatedly. Staff did not approach the resident to see what might be causing the behaviour and to check if the resident was comfortable and to provide assurance. The calling out was clearly impacting on other residents sitting nearby and was audible in the corridor outside of the room where inspectors were standing.

Staff present did not respond to or interact with this resident to de-escalate or manage this behaviour in a timely or supportive manner.

Judgment: Substantially compliant

Regulation 8: Protection

The registered provider had taken reasonable measures to protect residents from abuse.

The inspector was assured with the measures in place to safeguard residents and protect them from abuse. Safeguarding training was up to date for staff. Staff were aware of their responsibilities to report concerns and were familiar with the content of the safeguarding policy. A review of Schedule 2 records confirmed that staff had a guard vetting disclosure in place prior to commencing work in the designated centre.

Two safeguarding allegations were fully investigated, reported to the chief inspector and completed in line with the centres policy and national standards for adult safeguarding.

Judgment: Compliant

Regulation 9: Residents' rights

The inspector observed three members of staff standing while assisting residents with their lunch in the dining room. These staff interactions did not preserve the privacy and dignity of these residents during their meal time.

Judgment: Substantially compliant

Appendix 1 - Full list of regulations considered under each dimension

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

Regulation Title	Judgment
Capacity and capability	
Regulation 15: Staffing	Compliant
Regulation 16: Training and staff development	Substantially compliant
Regulation 19: Directory of residents	Compliant
Regulation 23: Governance and management	Substantially compliant
Regulation 31: Notification of incidents	Compliant
Regulation 34: Complaints procedure	Compliant
Quality and safety	
Regulation 18: Food and nutrition	Compliant
Regulation 27: Infection control	Substantially compliant
Regulation 28: Fire precautions	Compliant
Regulation 29: Medicines and pharmaceutical services	Compliant
Regulation 5: Individual assessment and care plan	Compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 8: Protection	Compliant
Regulation 9: Residents' rights	Substantially compliant

Compliance Plan for Brookvale Manor Private Nursing Home OSV-0000325

Inspection ID: MON-0041850

Date of inspection: 27/02/2024

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 16: Training and staff development	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 16: Training and staff development:</p> <p>Training is underway to support staff in relation to providing activities to residents in line with their interests and hobbies. This will be completed and an updated activity plan will be in place by 30/4/2024.</p> <p>An enhanced plan in relation to the supervision of staff was implemented to ensure that staff are providing optimum levels of care support in line with the assessed needs of the residents. Completed 5/03/2024.</p> <p>A planned schedule to provide training for all staff on responding to residents with responsive behaviours will be completed 30/4/2024</p> <p>Training for all staff on the appropriate procedure for supporting residents who need assistance with eating their meals was completed on 31/03/2024</p>	
Regulation 23: Governance and management	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 23: Governance and management:</p> <p>A review of the annual report for 2023 will be completed by the 14/04/2024 to ensure that resident feedback is included and actioned to improve services.</p> <p>A full review of the systems in place in relation to infection prevention and control was completed on 31/3/2024 to ensure this included appropriate cleaning and storage of resident equipment.</p>	

A full review of the training matrix will be completed by the 30/04/2024 to ensure that

1. The responsive behaviours training provided includes guidance for staff on responding to residents.
2. Training will be provided for all clinical staff on the appropriate procedure for supporting residents who need assistance with eating their meals.

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

By the 14/4/2024 a full review of the procedures in place in relation to the usage, storage and cleaning of moving and handling equipment will be completed. The Director of Nursing will provide training to all staff to ensure practices are followed between residents during personal care.

Labelling of slings and belts has commenced and a cleaning regime is in place to ensure they are cleaned between residents. This will be completed by 14/4/2024.

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

An enhanced plan in relation to the supervision of staff was implemented to ensure that staff are providing optimum levels of care support in line with the assessed needs of the residents. Completed 5/03/2024.

The Director of Nursing has provided a schedule training for all staff on responding to residents with responsive behaviours. This will be completed by 30/4/2024

Regulation 9: Residents' rights	Substantially Compliant
<p>Outline how you are going to come into compliance with Regulation 9: Residents' rights: The Director of Nursing has provided training for all staff on the appropriate procedure for supporting residents who need assistance with eating their meals. Completed 31/03/2024</p>	

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 16(1)(a)	The person in charge shall ensure that staff have access to appropriate training.	Substantially Compliant	Yellow	30/04/2024
Regulation 16(1)(b)	The person in charge shall ensure that staff are appropriately supervised.	Substantially Compliant	Yellow	05/03/2024
Regulation 23(c)	The registered provider shall ensure that management systems are in place to ensure that the service provided is safe, appropriate, consistent and effectively monitored.	Substantially Compliant	Yellow	14/04/2024
Regulation 23(e)	The registered provider shall ensure that the review referred to in subparagraph (d) is prepared in consultation with residents and their families.	Substantially Compliant	Yellow	14/04/2024

Regulation 27	The registered provider shall ensure that procedures, consistent with the standards for the prevention and control of healthcare associated infections published by the Authority are implemented by staff.	Substantially Compliant	Yellow	14/04/2024
Regulation 7(1)	The person in charge shall ensure that staff have up to date knowledge and skills, appropriate to their role, to respond to and manage behaviour that is challenging.	Substantially Compliant	Yellow	31/03/2024
Regulation 7(2)	Where a resident behaves in a manner that is challenging or poses a risk to the resident concerned or to other persons, the person in charge shall manage and respond to that behaviour, in so far as possible, in a manner that is not restrictive.	Substantially Compliant	Yellow	31/03/2024
Regulation 9(3)(b)	A registered provider shall, in so far as is reasonably practical, ensure that a resident may undertake personal activities in private.	Substantially Compliant	Yellow	31/03/2024

