Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

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

Issued by the Chief Inspector

Name of designated centre:	St. Michael's Nursing Home
Name of provider:	Blockstar Limited
Address of centre:	One Hundred Acres East, Caherconlish, Limerick
Type of inspection:	Unannounced
Date of inspection:	08 February 2024
Centre ID:	OSV-0004664
Fieldwork ID:	MON-0041049

About the designated centre

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

St. Michael's Nursing Home is located in the village of Caherconlish, which is approximately 15 minutes from Limerick city. It is a two storey premises and can accommodate 80 residents in 62 single bedrooms and nine twin bedrooms. The ground floor is divided into five sections, namely Autumn Breeze (bedrooms 1 - 10), Bluebell (bedrooms 11 - 20), Shamrock (bedrooms 21 - 26), Summer Mist (bedrooms 27 - 65) and Mountain View (bedrooms 80 - 85). All of the bedrooms are en suite with shower, toilet and wash-hand basin and are fitted with a nurse call bell system and Saorview digital TV. Seven residents are accommodated upstairs in five single and one twin bedroom and is accessible by stairs and lift; all other residents are accommodated in bedrooms on the ground floor. St. Michael's provides care to both female and male residents requiring general long-term care, convalescent care, palliative care and respite care.

The following information outlines some additional data on this centre.

Number of residents on the date of inspection:	70

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
Thursday 8 February 2024	09:40hrs to 18:50hrs	Rachel Seoighthe	Lead

What residents told us and what inspectors observed

Overall, the feedback from residents living in St. Michael's Nursing Home was positive. Residents were complementary of staff and they were generally satisfied with the care provided.

On the inspectors' unannounced arrival to the centre, they were greeted by the person in charge. Following an introductory meeting with the person in charge, the inspector spent time walking through the centre, where they met and spoke with residents as they prepared for their day.

St. Michael's Nursing Home provides long term and respite care for both male and female adults with a range of dependencies and needs. The designated centre can accommodate up to 80 residents. There were 70 residents accommodated in the centre on the day of the inspection and the inspector was informed that three residents were in hospital. The centre was laid out over two floors with stairs and had lift access between floors. Resident bedroom accommodation consisted of 62 single and nine twin rooms, all with spacious en-suite facilities. The inspector observed that many resident bedrooms were personalised with pictures, artwork and furnishings. The inspector spoke with one resident who had displayed multiple drawings on their bedroom wall and they told inspector they had really made themselves 'at home.' Call bells and televisions were provided in every bedroom.

There were a variety of communal areas for residents to use on the ground floor including a chapel, communal sitting rooms and a spacious dining room, however the conservatory on the first floor was unavailable for resident use at the time of the inspection, as there was a leak in the roof. The conservatory was the location for the centres 'Mens Shed' and the inspector observed that staff arranged for this activity to be relocated to the ground floor on the afternoon of the inspection. Residents had unrestricted access to a secure, enclosed garden with a central water feature and seating area. The inspector observed residents spending most of their day in communal rooms or in their bedrooms. There was a sociable atmosphere and it was evident that several residents had developed friendships and they were seen chatting in communal areas, and visiting each-others bedrooms during the inspection.

The design and layout of the premises was generally suitable for its stated purpose and met the residents' individual and collective needs. The centre was found to be well-lit and warm, and residents described the centre as 'comfortable'. The inspector noted that the provider had made improvements to storage arrangements since the previous inspection, and resident equipment and general supplies were no longer stored in unoccupied resident bedrooms. There was some visible damage to floor and wall surfaces in resident bedrooms, and the inspector observed painting in progress on the day of inspection.

During the walk around the centre, the inspector observed staff were attending to

the morning care needs of residents. There was a busy atmosphere and the inspector overheard friendly conversation between residents and staff. It was evident to the inspector that the person in charge was well known to residents and there were many pleasant interactions noted. The inspector spoke with a number of residents in the communal sitting rooms and in their bedrooms. Several residents told the inspector that staff were kind. One resident had high praise for the responsiveness of the management team and they informed the inspector ' there is no waiting around for things'.

Residents were seen to engage in group and individual activities throughout the day. One resident was observed enjoying a reflexology session and the inspector spoke with one resident who was busy knitting. They showed the inspector a piece of knitwear they had made recently and expressed their satisfaction with their life in the centre. Residents enjoy a visit from a dog on the afternoon of the inspection, and some residents were supported on walks outside of the centre during the day.

There was sufficient space for residents to meet with visitors in private. The inspector observed a number of residents receiving visitors during the inspection and found that appropriate measures were in place for residents to receive visitors.

The next two sections of the report describe the provider's levels of compliance with the Health Act 2007 and the Care and Welfare Regulations 2013. The findings in relation to compliance with the regulations are set out under each section.

Capacity and capability

This was an unannounced inspection conducted by an inspector of social services to monitor compliance with the Health Act 2007 (Care and Welfare of Residents in Designated Centre for Older People) Regulation 2013 (as amended). This inspection also reviewed the action taken by the registered provider to address issues of non-compliance with the regulations found on a previous inspection in July 2023. Overall, the inspection found evidence of improvements in some aspects of the service. However, strengthening of the current management systems was required, to ensure that risks associated with clinical assessment, care planning and the use of restrictive practices were promptly identified and addressed. This is discussed further throughout the report under the specific regulations.

The centre was operated by Blockstar Limited who were the registered provider of St. Michael's Nursing Home. A director of the company represented the provider entity. The person in charge worked full-time in the centre and they had senior clinical support from a regional operations manager. The person in charge was supported in their role by a full-time director of nursing who deputised in their absence. A team, including nurses, health care assistants, activities coordinators, household, activity, catering and maintenance staff made up the staffing compliment. An assistant director of nursing (ADON) post was included in the management structure however, the inspector was informed that the assistant

director of nursing had been redeployed to another service temporarily. The post of clinical nurse manager was also vacant, however, the provider gave assurances that a clinical nurse manager would commence duty the week after the inspection.

Although there were sufficient nursing staff rostered for duty, this inspection found there was inconsistent levels of care staff on duty on a daily basis, for the size and layout of the building , to ensure residents safety. A review of staffing rosters demonstrated challenges in maintaining planned daily health-care assistant staffing levels. This is discussed further under Regulation 15; Staffing.

There was a training and development programme in place staff and this inspection found improvements in the completion of mandatory training such as infection control, fire training and safe-guarding the vulnerable adult. Records demonstrated that care plan training was facilitated on the day prior to the inspection.

There were management systems in place to monitor the quality of care and service provided. An audit schedule was implemented, to support the management team to measure the quality of care provided to residents. The inspector viewed a sample of clinical audits relating to incidence of resident falls, call bell response times and wound management. The frequency of call bell audits had increased since the previous inspection and these were being undertaken weekly to increase monitoring of staff response times. Records showed that the person in charge completed a monthly falls analysis and they identified an increase in falls in November 2023. A quality improvement plan was implemented thereafter and records demonstrated that there were a reduction in falls for December 2023 and January 2024. Records demonstrated that auditing of care planning was ongoing. Notwithstanding these positive findings, the inspector found that deficits identified previously in respect of Regulation 5: Assessment and care planning, were not fully addressed and there was repeated non-compliance in relation to this regulation.

There was a risk management policy in place and action had been taken to review and implement the risk register. However, this inspection found that the policy in relation to risk management was not being fully implemented and arrangements for investigation and learning from incidents was not robust. This is discussed further under Regulation 23: Governance and management.

There was a policy and procedure in place to guide on the management of complaints, however this inspection found that the policy was not implemented fully. The record of complaints viewed by the inspector demonstrated that the management of complaints was not in line with the requirement of Regulation 34: Complaints procedures.

An electronic record of all accidents and incidents involving residents that occurred in the centre was maintained. Incidents were reported in writing to the Chief Inspector, as required under Regulation 31: Notification of incidents.

Records were seen to be stored securely in the designated centre. There was evidence that staff were appropriately vetted prior to commencing employment in the centre. The inspector reviewed a sample of staff files and found that they contained all of the required information as set out under Schedule 2 of the

regulations. Further action was required to ensure staff rosters were accurate. These findings are discussed under Regulation 21: Records.

A directory of residents was maintained by the registered provider, however, it did not include all of the requirements of Schedule 3. This is detailed further under Regulation 19: Directory of Residents.

An annual report on the quality of the service had been completed for 2023 which had been done in consultation with residents and set out the service's level of compliance as assessed by the management team.

Regulation 15: Staffing

The provider had not ensured that there were sufficient staffing resources in place to maintain planned health-care staff levels. Several residents in the centre required one to one care and records viewed by the inspector demonstrated that there was an inconsistent number of health-care assistant rostered on several dates. This did not ensure that the care and supervision needs of all residents living in the centre would be adequately met on a daily basis.

Judgment: Substantially compliant

Regulation 16: Training and staff development

Training records reviewed by the inspector demonstrated that staff were facilitated to attend training in fire safety, moving and handling practices and the safeguarding of residents.

Staff also had access to additional training to inform their practice which included infection prevention and control, falls prevention, care planning, and cardio pulmonary resuscitation (CPR) training.

Judgment: Compliant

Regulation 19: Directory of residents

The directory of residents did not include all of the information specified in the regulations. For example, the register did not include;

- the sex of each resident
- the marital status of each resident

- the name and address of any authority, organisation or other body, which arranged the resident's admission to the designated centre.

Judgment: Substantially compliant

Regulation 21: Records

Roster records reviewed were not accurate and did not reflect the actual worked roster

- The staff duty roster did not include the time spent in the centre by the Regional Operations Manager.
- The staff duty roster reviewed did not contain the full names of some staff who were working in the centre.

Judgment: Substantially compliant

Regulation 23: Governance and management

The provider had not ensured that the designated centre had a fully resourced clinical management structure available to ensure the effective delivery of care in accordance with the centre's statement of purpose. For example, on the day of the inspection the person in charge and director of nursing did not have the support of an assistant director of nursing or a clinical nurse manager and there were insufficient clinical management resources to cover planned and unplanned absences.

The management systems to monitor the quality of the service provided were not fully effective to ensure that all areas of the service were appropriately monitored. For example;

- The system for managing complaints was not in line with the centre own policy. Records of investigations were not available for review.
- Ineffective systems of oversight of residents assessments and care planning arrangements, as detailed under Regulation 5: Assessment and care planning. For example; An individual risk assessment for a resident who smoked was incomplete. This meant that not all appropriate steps were taken to identify hazards, to minimise the risk of an incident.
- The policy in relation to risk management was not being fully implemented. Systems in place to manage incidents and accidents did not ensure that robust investigations were completed and analysed to establish the cause of an incident and to enhance learning. For example, the arrangement for

investigating the occurrence of wounds was not robust and a root cause analysis was not completed at the time of this inspection.

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Judgment: Not compliant

Regulation 34: Complaints procedure

The inspector found that the procedure in place for the management of complaints was not in line with the requirements of the regulations. For example, a review of a sample of complaints records demonstrated that ;

- a records of complaints did not consistently detail the investigations into complaints.

Judgment: Substantially compliant

Regulation 24: Contract for the provision of services

A review of a sample of contracts of care found that while each resident had a contract of care in place, the arrangements for availing of allied health services and the fees, if any, to be charged for such services were were not accurately described in contracts of two residents with complex care needs.

Judgment: Substantially compliant

Quality and safety

The inspector found that the standard of care which was provided to residents living in St. Michael's Nursing Home was of a satisfactory quality. Residents who spoke with the inspector said that they were well cared for by staff in the centre and that the management team were responsive to their needs. The inspectors found that the provider had addressed non-compliance in relation to infection control. However, further action was required to bring assessment and care planning, healthcare, management of behaviours that challenged and premises into full compliance with the regulations.

The inspectors reviewed a sample of residents' care records. A pre-admission assessment was carried out by the person in charge or the director of nursing, to

ensure the centre could meet the residents' needs. Records showed that nursing staff used validated tools to carry out assessments of residents' needs upon admission to the centre. These assessments included the risk of falls, malnutrition, assessment of cognition, and dependency levels. Overall, while some care plan record reviewed were detailed and person-centred, the inspector found that the standard of care planning was not consistent, and a number of care plans did not include sufficient up-to-date information in relation to residents' current needs. As a result, these care plans did not provide staff with adequate guidance and direction to provide safe and appropriate care for residents. For example, although some wound care plans were developed and photographs and wound assessments were available, this was not completed for all wounds.

Residents' records confirmed that they had access to their general practitioners (GPs), and there was evidence of regular reviews. A physiotherapist attended the centre weekly. Residents had access to allied health services such as dieticians, tissue viability service and occupational therapy services.

A policy was available to guide staff on the management and use of restrictions in the centre. However, restrictive practices were not always managed in accordance with this policy and the national restraint policy guidelines. For example, when restrictive practice such as bed rails were in place, there was no systems of safety checks in place.

Overall, the inspector found that the centre was very clean throughout. The registered provider had taken action to secure the external clinical waste area since the previous inspection and general equipment was longer stored in resident bedrooms. Cleaning chemicals were secured in the house-keeping store and cleaning trolleys contained lockable storage for chemicals. The premises was well laid out and there was an ongoing maintenance programme. Notwithstanding these positive findings, the inspector found that a number of areas of the premises were in need of repair. Paintwork on a number of wall surfaces was damaged and floor surfaces were in need of repair in several residents' bedrooms. Furthermore, the conservatory on the first floor was not available for resident use due to a leak in the roof.

The centre employed two staff who were dedicated to the provision of resident activities. The programme of activities included music, art and games. Residents had access to local and national newspapers, televisions and radios in their bedrooms and in the communal areas. Information regarding advocacy services was available in the centre and discussed at resident meetings. Residents were supported access this service, if required. Residents were supported to practice their religious faiths and a catholic mass service was celebrated weekly in the centre.

Residents meetings were held regularly and records demonstrated that there was discussion around food, complaints and activities. Records demonstrated that a written response and update from the management team was drafted and sent to residents following resident meetings.

Visiting was facilitated in line with national guidelines and the inspector observed a

number of visitors coming and going throughout the day of the inspection.

Regulation 11: Visits

Arrangements were in place to ensure there were no restrictions to residents' families and friends visiting them in the centre. Residents could meet their visitors in private outside of their bedrooms in the communal rooms available.

Judgment: Compliant

Regulation 17: Premises

The designated centre did not not conform to the matters set out in Schedule 6 of the regulations in the following areas;

- Some items of resident furniture such as armchairs and crash mattress were observed to be torn.
- Wall surfaces in some resident bedrooms were damaged.
- Floor covering in some resident bedrooms was damaged.
- The conservatory on the first floor was not available for use due to a leak in the ceiling.
- There was inadequate ventilation in the residents smoking room which resulted in a smell of smoke along one corridor.

Judgment: Substantially compliant

Regulation 27: Infection control

Overall, the building was found to be very clean. Infection prevention and control measures were in place. Staff had access to appropriate infection control training.

Judgment: Compliant

Regulation 5: Individual assessment and care plan

A review of the care records of residents with complex care needs found that the assessment of their care needs was not comprehensive as it did not include a review

of the supportive equipment required to manage a risk of poor skin integrity.

Some residents' care plans were not reviewed in response to their changing needs. For example,

- A nutritional assessment completed for a resident indicated that they were at high risk of malnutrition. However, the resident care plan was not updated reflect this change, to direct staff regarding the interventions required to ensure the residents nutritional needs were met.
- A resident who demonstrated a responsive behaviour did not have this, or the interventions required to care for these changes detailed, in their plan of care.

Some residents had no care plans developed, based on their assessed needs. Examples reviewed by the inspector included;

- Two residents who had been assessed as being at risk in relation to their skin integrity did not have a care plan in place to direct staff on the prevention of skin breakdown.
- a care plan had not been developed to direct staff on the care interventions they must complete for a residents' surgical wound, to promote wound healing and prevent further deterioration of the wound.
- although photographs and wound assessments were available for one residents wound, a plan of care was not recorded.

This is a repeated finding.

Judgment: Not compliant

Regulation 6: Health care

Residents had access to general practitioners in the local community. Residents were referred to a range of allied health care professionals such as physiotherapist, dietitian, speech and language therapy, tissue viability nurse, psychiatry of later life and palliative care.

Judgment: Compliant

Regulation 7: Managing behaviour that is challenging

While there was an ongoing reduction of restraint in the designated centre, it was

not always being used in line with national policy. For example;

- a checking mechanism was not in place to ensure the correct application and regular release of bedrails and lapbelts, to maintain resident safety when restraints were implemented.

Judgment: Substantially compliant

Regulation 9: Residents' rights

There was a varied programme of daily activities in the centre for residents to participate in, if they chose to. The registered provider had ensured that residents were consulted about the management of the designated centre through participation in residents meetings and undertaking resident surveys. Resident had access to an independent advocacy service.

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
Capacity and capability	
Regulation 15: Staffing	Substantially compliant
Regulation 16: Training and staff development	Compliant
Regulation 19: Directory of residents	Substantially compliant
Regulation 21: Records	Substantially compliant
Regulation 23: Governance and management	Not compliant
Regulation 34: Complaints procedure	Substantially compliant
Regulation 24: Contract for the provision of services	Substantially compliant
Quality and safety	
Regulation 11: Visits	Compliant
Regulation 17: Premises	Substantially compliant
Regulation 27: Infection control	Compliant
Regulation 5: Individual assessment and care plan	Not compliant
Regulation 6: Health care	Compliant
Regulation 7: Managing behaviour that is challenging	Substantially compliant
Regulation 9: Residents' rights	Compliant

Compliance Plan for St. Michael's Nursing Home OSV-0004664

Inspection ID: MON-0041049

Date of inspection: 08/02/2024

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 15: Staffing	Substantially Compliant
Outline how you are going to come into compliance with Regulation 15: Staffing: · Staff who are allocated to residents requiring 1:1 care are now clearly reflected on the roster is a color-coded system. This system is transparent and reflective of the differing staff care allocations within the home. · An ongoing recruitment plan is in place for Nurses and HCAs, both locally and from overseas. The PIC will work closely with the Regional Operation's Manager and RPR to ensure that the home manages absenteeism and staff turnover with suitably qualified staff. · Staffing levels are monitored by the PIC and DON and daily allocations are completed to ensure care and supervision needs of all residents living in the centre are met. This will be reflected and readily available for scrutiny on the staff roster.	
Regulation 19: Directory of residents	Substantially Compliant
Outline how you are going to come into compliance with Regulation 19: Directory of residents: Directory of residents has been updated to include all information specified in regulations. This now includes the sex and marital status of each resident and will specify the organization/source of each resident admission. This will be monitored weekly by PIC for compliance.	

Regulation 21: Records	Substantially Compliant
Outline how you are going to come into compliance with Regulation 21: Records: · The Regional Manager has been added to the duty roster. Their visits to the home will be reflected weekly on the roster. · Staff roster has been updated to include first and second names of all staff working in the home. · The PIC will monitor the roster to ensure ongoing compliance.	
Regulation 23: Governance and management	Not Compliant
Outline how you are going to come into compliance with Regulation 23: Governance and management: · The ADON post has been filled with two 0.5 WTE staff. The statement of purpose has been updated to reflect the current Governance structure within the home. · All open complaints have been reviewed by senior management and those suitable for closure have been closed. Records of investigation are now recorded on Epic care. PIC and RM review complaints weekly to monitor compliance with the Centers Complaints Policy & Procedure. · Individual risk assessments and care plans are constantly kept under review and 10% of these are audited monthly. · Care Plan training has been arranged for Nursing Staff and will be completed by 30.4.24 · A detailed root cause analysis of incident involving wounds has been completed and learnings shared with all Nursing Staff on 22/02/2024. The learnings from the RCA have resulted in quality improvements which will be monitored weekly by the PIC and DON and overseen by the ROM.	
Regulation 34: Complaints procedure	Substantially Compliant
Outline how you are going to come into compliance with Regulation 34: Complaints procedure: · All information regarding complaints is now detailed on Epic care system. · A written response is issued to complainants when indicated, as per complaints policy and a copy of letter will be held on file. · The Regional Operation's Manager will audit weekly for compliance.	

Regulation 24: Contract for the provision of services	Substantially Compliant

Outline how you are going to come into compliance with Regulation 24: Contract for the provision of services:

· The RPR and ROM are in the process of reviewing residents' contracts of care. This review will involve the development of generic contracts which reflect all of the services provided to residents which are included in the monthly fee. The contract will also detail any services which are not covered by the monthly fee and incur an additional charge.

· An additional resident contract will be developed to cover bespoke care packages and this will also reflect what is included in the monthly fee, what will incur an additional charge and what the bespoke care packages includes.

· This will be completed by April 30th, 2024.

Regulation 17: Premises	Substantially Compliant

Outline how you are going to come into compliance with Regulation 17: Premises:

· A full audit of all furniture and crash mats will be completed by 01/04/2024 and all damaged items will be repaired or replaced.

· All rooms will have a regular review by the maintenance man to monitor for any damage to walls, flooring, or furniture.

· Staff have been instructed to input any concerns in the maintenance book for immediate repair.

· A daily walkabout with spot checks will be undertaken by PIC / DON or Housekeeping supervisor to monitor compliance.

· The conservatory roof is due for repair in March, but these repairs are weather dependent.

· A review of ventilation in the smoking room is to be completed by the RPR and a plan to improve ventilation or relocate the smoking area is to be completed by 30/04/2024

Regulation 5: Individual assessment and care plan	Not Compliant

Outline how you are going to come into compliance with Regulation 5: Individual assessment and care plan: · Care plan training has been arranged for Nursing Staff and will be completed by 30.4.24. · The ADONs have been allocated the role of overseeing the completion of Care Plans and Assessments and will monitor weekly, and audit 10% monthly . · The ADON audits will instruct the Nurses on person centered care planning and ensure that assessments inform care plans and that care plans are reviewed with resident/representative input quarterly or more frequently if needed.

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 center is working towards a restraint-free environment. The PIC and DON conduct restrictive practice committee meetings. These meetings will include input from the Physiotherapist and other Allied Health input as needed. As part of the committee's work, we have introduced restraint release checks which are now part of our hourly checks. These checks can be demonstrated through a paper based system, with oversight from the Director of Nursing. This system will be audited periodically for compliance and discussed at our restrictive practice committee meetings.

Section 2:

Regulations to be complied with

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

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

Regulation	Regulatory requirement	Judgment	Risk rating	Date to be complied with
Regulation 15(1)	The registered provider shall ensure that the number and skill mix of staff is appropriate having regard to the needs of the residents, assessed in accordance with Regulation 5, and the size and layout of the designated centre concerned.	Substantially Compliant	Yellow	10/03/2024
Regulation 17(2)	The registered provider shall, having regard to the needs of the residents of a particular designated centre, provide premises which conform to the matters set out in Schedule 6.	Substantially Compliant	Yellow	30/04/2024
Regulation 19(3)	The directory shall include the information specified in paragraph (3) of Schedule 3.	Substantially Compliant	Yellow	10/03/2024
Regulation 21(1)	The registered	Substantially	Yellow	30/03/2024

	provider shall ensure that the records set out in Schedules 2, 3 and 4 are kept in a designated centre and are available for inspection by the Chief Inspector.	Compliant		
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	28/02/2024
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.	Not Compliant	Orange	30/03/2024
Regulation 24(2)(a)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the services to be provided, whether under the Nursing Homes Support Scheme or otherwise, to the	Substantially Compliant	Yellow	30/04/2024

	resident concerned.			
Regulation 24(2)(b)	The agreement referred to in paragraph (1) shall relate to the care and welfare of the resident in the designated centre concerned and include details of the fees, if any, to be charged for such services.	Substantially Compliant	Yellow	30/04/2024
Regulation 34(2)(b)	The registered provider shall ensure that the complaints procedure provides that complaints are investigated and concluded, as soon as possible and in any case no later than 30 working days after the receipt of the complaint.	Substantially Compliant	Yellow	
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).	Substantially Compliant	Yellow	30/04/2024
Regulation 5(3)	The person in charge shall prepare a care plan, based on the assessment referred to in paragraph (2), for a resident no later than 48 hours after that resident's	Not Compliant	Orange	30/04/2024

	admission to the designated centre concerned.			
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.	Not Compliant	Orange	30/04/2024
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	30/03/2024